MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8416 CERTIFICATE OF DEATH

18393 en Dist No. 302

OIL	U		Keg. Dist	1. No. 002			
1. PLACE OF DEATH a. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryland	here deceased lived. If institution: Residence Wassing ton	e before admission)			
b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16		outside corporate limits, write RURAL and gi	ive nearest town)			
Hagers town	19nMos	Hagerstown					
A NAME OF HOSPITAL HE A '- L 'A-1 - '- A-1		/ d. STREET ADDRESS		e. IS RESIDENCE			
or institution 120 So Prospect St		H /	spect St	ON A FARM? YES NO			
3. NAME OF First DECEASED	Middle ERNARD AL	EXANDER	4. DATE Month OF July 11 1	Day Year 959 19			
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.			
Male White wipow		Nov 17 1876	OA yrs.	Days Hours Min.			
100. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) Sup t Natl Parks	Retired		m Mach Co Ma	USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME				
Charles W. Alexande:		Carrie	Sheehan				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Spanish of service) Yes American			exander 120 So Pr	ospect St			
18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ne far ja), (b), and (c).]	Hagerston	erores y moleutata	INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying couse last.</u> (b) DUE TO	V						
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING IT AUGUST OF CONTRIBUTION OF CONT	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART	1(o) 19, WAS AUTOPSY PERFORMED? YES NO 3			
206. DESI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in I	Port I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year 20d. II Hour a.m. 19 White p. m. 19	Not while fo	LACE OF INJURY (Home, form increase, street, affice bldg., etc.	, 20f. (City or town) (Co	ounty) (State)			
21. I certify that I attended the deceas alive an 7/10/59 , 19				e date stated abov			
ACTUAL SIGNATURE	1. Wede	M.D. 136 N. P	otomac St. 7/	11/59			
PHYSICIAN'S Howard N. Wee	ks, M.D.	Hagersto	wn, Maryland				
220. BURIAL, CREMATION, PREMOVAL (Specify) 7/14/59	Rose Hill (or crematory Cemetery	22d. LOCATION (City, town, or county) Hagerstown Wash.	(State) Co Md			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 24b. REGISTRAR'S SIGN	NATURE			
Andrew K. Coffman Ha	gerstown Md.			Krous			

24 hours after death. Page 4 ne funeral director, ficate has been signed by the attending physician and camplet the burial-transit permit. Then please remave carbon papers. AN: The law requires that the death certificate be executed be detached for use as the burial-transit permit. Then please remove carbon pap or to burial, crematian, ar remaval, and in any event within 72 hours after death. TO FUNERAL SEC page 3 shall be TO HOSPITAL OR VS A15 (4) 1SM 10/57

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	Variation and	
THOUGHT STATES		

FOR S		1	tem 21 F1	8417 ME	DĪCA	LEXAMINE	R'S	CERTIFICAT	E OF	DEATH		. Dist. No	394	
HEALTH Age HEALTH	DEPT.		PLACE OF DEATH	hington		MARYLA	ND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington						
ssary, please sctor. Page your files.	M)		o. CITY OR TOWN (H and give recess fown) Hagerst		RURAL	c. LENGTH OF STAY IN 9 yrs.	1b	c. CITY OR TOWN (IF		porate limits, wr nklin St		and give no	earest town)	
ol direction y	×		. NAME OF HOSPITA			pital, give street address)		d. STREET ADDRESS	rstown	1			e. IS RESIDENCE ON A FARM? YES NOT	
y delay in re funer re retain he Stat			NAME OF DECEASED (Type or print)	Fin	it	Middle WAIN	!	ANDREWS	4. DATE OF DEATH	Мо	nth Ly	Doy 20	Yeor 19 59	
d 3 mc			Male	White	WIDOWED	tuped by the state of the state		Dec.19,1935		9. AGE (In years last birthday) 23 yr	Month	DER TYEAR	IF UNDER 24 HRS. Hours Min.	
Page 5	7	100	usual occupation during most of working Window De	N (Give kind of work of life, even if refired) corator	done 10b. K	Dept.Store	DUSTR	Y 11. BIRTHPLACE (Stote Frederic	or foreign c	ountry)	12.	USA	WHAT COUNTRY	
Poges PM3.		13.	FATHER'S NAME	Lundy W.And	drews			14. MOTHER'S MAIDEN N		mpf				
Give Give ith forn I. File omy eve			WAS DECEASED EVE	R IN U. S. ARMED FOI (If yes, give war or dates of	service)			Andrews 42	8 W.F1	Addr.		agerst	gerstown, Md.	
long with permi				H [Enter only one country one	se per line l	for (o), (b), and (c).]						INTER	VAL BETWEEN F AND DEATH	
encil in li Office o iol-tronsil			936. C Conditions, if or gave rise to immed	DUE TO	WH	americale.	117	The hong	ine			7	lew _	
hould hould him pminer's			(a), stating the u	nderlying DUE TO (c)			/					ne	nu -	
pending sol Exa used or rematic	2	CATION	PART II. OTH	want bes	tro	he to the	-	of RELATED TO THE TERMI			IVEN IN I		PERFORMED?	
ord ord wild be wild be wriol, o		L CERTIF	20g. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.	ISE WAS ITRIBUTING 20			6	ter nature of injury in Part						
ng he Cirre or ta b	21	MEDICA	20c. TIME OF INJUR Hour o. m.	7 - 20 19	While		PLAC	E OF INJURY (Home, form y, street, office bldg., etc.)	20f. (City	restum	26	County)	(Stote)	
te, writinger, writinger, pr. Pog				of I took charge resulted from: N			_	e, held on Autopsy	7	spection [uiry [], d monne	ond in my	
ertificat rward rward rRECT			ACTUAL SIGNATURE	1 Sw.	Du	the 2.		M.D. CHIEF MEDICAL EX	AMINER [7	DATE SIGNED	
or the tall	2		EXAMINER'S NAME (Typy)	TREW	J	1770 2	1	ASSISTANT MEDICAL E				1/3	159	
execut 4 show or its		220	BURIAL, CREMATION REMOVAL (Specify) Burial	7/23/5		Frederick M				TION (City, town	n, ar count		(Store) Md.	
VS. A15ME 5M 2/57	08		funeral director.		apel	ADDRESS Inc.Hagersto	wn,	Md. DATE JUL	2 4 '5	9 24b. RE		SIGNATUR 8. Kraua		
		E-rym-	W	Zu. G. J	foro	+ U-Bre	0							

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Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY	MARYLAND	o. STATE	ere deceosed lived. If institution: F b. COUNTY	Residence before admission)				
1		OTH OF STAY IN 16	c. CITY OR TOWN (IF or	UNASE Utside corporate limits, write RURA	L ond give nearest town)				
	RURAL and give neorest town) HAGERSTOWN ON	E WEEK	V 0 -	NSYILLE					
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION WASH CO. HOSPITA		d. STREET ADDRESS	NSYLLL	e. IS RESIDENCE ON A FARM? YES NO				
	3. NAME OF First DECEASED (Type or print)	Middle	ACKUE	4. DATE Month OF DEATH JULY - 2 6	Day Year - 19 59				
	5. SEX 6. COLOR OR RACE 7. MARRIED 1		B. DATE OF BIRTH	9. AGE (In years IF L	UNDER 1 YEAR IF UNDER 24 HRS.				
	TEMALE WHITE WIDOWED	DIVORCED	JANUARY - 11-1	879 80 yrs.	6 15				
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even if retired) + OUSE WIFE OWN 13. FATHER'S NAME	HOME	BROWNSVILL 14. MOTHER'S MAIDEN N	LE WASH CO N	12. CITIZEN OF WHAT COUNTRY				
	DR. R.H. BOTELER		REBECCA	HAMMON F	D				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S	SECURITY NO. 17. IF	NFORMANT	Address					
	NO NON	E 6-F	MGDON BACK	US BROWNSVI	LLE MD				
	18. CAUSE OF DEATH [Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerel	oral thro	mbosis		INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if ony, which gove rise to immediate (b) Cerebral and C. V. arteriosclerosis 5 Yrs.								
	couse (o), stoting the <u>under-</u> lying couse lost. DUE TO								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE PART III. OTHER SIGNIFICANT CON			VAL DISEASE CONDITION GIVEN I	N PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED). (Enter noture of injury in P	ort I or Port II of item 18.)					
		CCURRED 20e. PLA t while foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)				
	71/2AH 1/1/		occurred at		and I last saw the deceased an the date stated above DATE SIGNEI				
	ACTUAL SIGNATURE // GULL // SIGNATURE // SIGNATUR	1	M.D. Sharps	burg, Md.	July .27, 59				
		AME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, or co	(110.0)				
		DRESS MI	24a. REC'D	70 77 16 0	NASH, COMD. R'S SIGNATURE 1 S. Frank				

n 24 hours after death. Page 4 the funeral director, may be retained by the hospital a fending physician.

D FUNERAL SCTOR: After this certificate has been signed by the attending physician and camplels page 3 share be detached for use as the burial-transit permit. Then please remove carbon papers: the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. ICIAN: The faw requires that the death certificate be may be retained by the hospital of TO FUNERAL SCTOR: After this co TO HOSPITAL OR

VS A15 (4) 15M 10/57

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CERTIFICATE OF DEATH

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The state of the s	Reg. Dist.	No.

0413	02111111101		3	Reg. Di	st. No.
1. PLACE OF DEATH o. COUNTY Shington	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE THE TYLE	ere deceased lived. And b	COUNTY	hington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	2 days	c. CITY OR TOWN (IF o	utside corporote lim	its, write RURAL and (give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Washington County H	ospital	d. STREET ADDRESS	Le Ave		e. IS RESIDENCE ON A FARM? YES NOW
3. NAME OF DECEASED (Type or print) Rosa Delila	Middle h Barkdol	lost	4. DATE OF DEATH	Month uly	Day Year 10 19 5
21000	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years IF UNDER birthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) House Wife		STRY 11. BIRTHPLACE (Stote			IZEN OF WHAT COUNTRY
13. FATHER'S NAME	- WII 220MC	14. MOTHER'S MAIDEN N		and a	
oseph Kretsin		Juli	a Weller		
Yes, no_or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO. 17. I	s. Mable B.	Bowman	Address Smithsh	ourg Md.
1B. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under. lying couse last. (c)	Cerebral	hemorrhage ed Arterios	clerosis	3	2 days 10 yrs,
□ LOR CONTRIBUTING □ CAUSE OF DEATH!	ONTRIBUTING TO DEATH BUT				19. WAS AUTOPSY PERFORMED? YES NO
	Not while fo	ACE OF INJURY (Home, form ctory, street, affice bldg., etc.	20f. (City or town	n) (C	County) (State)
21. I certify that I attended the decease alive on 7-9-59 , 19 ACTUAL Charles F. M. PHYSICIAN'S NAME (Type) Charles F. H.		occurred al :50a	_10-59 _M, from the chapters (street, cit	causes ond on they or town, state)	ast saw the decease the date stated above DATE SIGNEY 7-11-59
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BUT1a1 ULy 12, 195	22c. NAME OF CEMETERY O		22d. LOCATION (C	ity, town, or county), and a share	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	N 4	D BY REGISTRAR	24b. REGISTRAR'S SIC	SNATURE
Scott & Minnigh & S	Smithsbu	rg Md . DATE JU	1 4 '59	arthur S.	Kraus

within 24 hours after death. Page 4 in by the funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we may be retained by the hospital attending physician.

TO FUNERAL PURERAL STREETOR: After the criticate has been signed by the attending physician and camply page 3 street at a detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, crematian, or remayal, and in any event within 72 haurs after death. the registrar F VS A15 (4) 1SM 9/S5

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CERTIFICATE OF DEATH

08398

	8420	CERTIF	ICATI	OF DEATH	F		Reg. Dist. N	lo.	30
1. PLACE OF DEATH o. COUNTY Washington		MARYLA	AND	USUAL RESIDENCE (Who s. STATE Maryle	and	b. COUNTY	rederi	ck	1
b. CITY OR TOWN (If outside corporal RURAL and give nearest town)	te limits, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (IF a			RAL and give	nearest for	wn)
Hagerstown		2 days		Rural Mi	rddTe	town	103		
d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION Washington Count				d. STREET ADDRESS				ON	A FARM?
3. NAME OF DECEASED (Type or print) GEO	rge	Ad am		Bidle	4. DATE OF DEATH	Mante 7	h	Day 3	Year 19 59
5. SEX 6. COLOR OR F		D NEVER MARRIED		2/30/1884		9. AGE (In years lost birthday) 74 yrs.	Months Day	the state of the s	- 1
10g. USUAL OCCUPATION (Give kind of	wark done 10b.	- 45			ar fareign co		12. CITIZEN	OF WHA	AT COUNTRY?
during most of working life, even if arm owner. ret		farm		Marvlar	Б		T	s.	
13. FATHER'S NAME		Tarm	14	MOTHER'S MAIDEN N					
O II Dia	7 -			Mary Eli:	zahet	h Brown			
George H. Bid		SOCIAL SECURITY NO.	17. INFOI		Sabou	Addre	ess		
(Yes, no. or unknown) (If yes, give wor or do	otes of service)	none	Mrs	. Virginia	a Tri	bbet, M	iddlet	own.	, Md.
18. CAUSE OF DEATH [Enter only	L.						0	NSET AN	BETWEEN ID DEATH
PART I. DEATH WAS CAUSED IMMEDIATE CA	USE (a) C	erebral Thr	ombos	is				48	hrs.
332X D	UE TO								
Canditions, if ony, which	(b)								
gave rise to immediate cause (a), stating the <u>under-lying</u> cause lost.	UE TO								
	CONDITIONS	ONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART 1(a	19. WAS	S AUTOPSY
Š Chronic Pvel	onenhri	tis	6 wee	les					FORMED?
20a. ACCIDENT WAS UNDERLYING	20h DES	The state of the s		nter nature of injury in P	ort I or Part	II of item 1B.)			
PART II. OTHER SIGNIFICANT Chronic Pyel 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM)	EATH NER)								
-		_ Not while _	PLACE factory	OF INJURY (Home, form, street, affice bldg., etc.	, 20f. (City	or tawn)	(Caun	ly)	(State)
21. I certify that I attended	the deceas	ed from 7/3	/59	_, 19, to7	/3/	19.59	that I last	saw the	e decease
alive an	19			curred at	M from				
	Λ.	1	300117 00			reet, city ar town, s			DATE SIGNED
ACTUAL SIGNATURE	ob X	Warde	M.D.	832 Potoma	ac Ave	., Hagers	town, 1	Md. 7	-7-2
	Warden,	M. D.		832 Potoma	ac Ave	., Hagers	town, l	Md.	
200. BURIAL, CREMATION, 22b. DATE T REMOVAL (Specify) 7/5/	HEREOF 1959	Zzc. NAME OF CEMEN				ION (City, tawn, a dletown		(S)	ate)
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			BY REGIST		TRAR'S SIGNA	TURE	F1
Gladhill Comp	any, M	iddletown	. Md	DATE JU	L 7 '5	9 CN	thun S. Hi	inch	

the funeral director, 081 may be retained by the haspital strengths that the strength of the ottending physician and cample page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

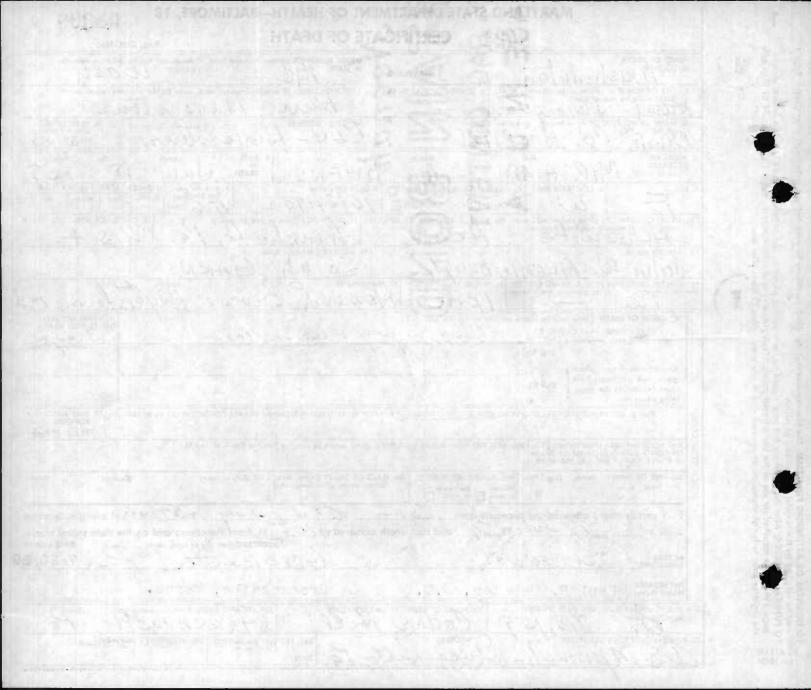
hin 24 hours after death. Page 4

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THE PART OF THE PA A CONTRACTOR OF THE SECOND

08399 8421 CERTIFICATE OF DEATH Reg. Dist. No. director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND death. arol . b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OB-TOWN (If outside corporate limits, write RURAL and give nearest town) å BURAL ondigive negrest lown) 70 d. NAME OF HOSPITAL PEET ADDRESS e. IS RESIDENCE QR_INSTITUTION ON A FARM? YES NO T 3. NAME OF First Middle 4. DATE Day Yeor DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Days Hours Min WIDOWED T DIVORCED | comple 10a. USUAL OCCUPATION (Give kind of work done during post of working life, ever if retired) 12. CITIZEN OF WHAT COUNTRY? euse wit ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ANFORMANI ottending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSEL AND JEATH a PART I. DEATH WAS CAUSED BY a along IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (6) gove rise to immediate DUE TO couse (o), stoting the underburial-transit lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work p. m. 21. I certify that I attended the deceased from 1927, that I last saw the deceased M, from the causes and on the date stated above. alive on and that death occurred at LQ DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S Penna. Paul F. Webster. Greencastle NAME (Type) FUNER 220. BURIAL EREMATION, REMOVED (Specify) 226. DATE THEREO! 22c. NAME OF GEMETERY OR CREMATORY 22d_LOCATION (City, town, or county) poge (Stote) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRARS 246. REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8468

CERTIFICATE OF DEATH

08460

Reg. Dist. No.

1. PLA o. (ACE OF DEATH COUNTY Hand	Wash cock	1	CO Md MARY	LAND	2. USUAL RES o. STATE	Keyse		d lived. If instituti	on: Residence	before ad	mission)
b. 0		outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR			rote limits, write R	URAL ond gi	ve neorest 1	lown)
77	ancock.M			40 day	S	Kevs	ser,	W.Va.		FY.	3	
d. 1		L (If nat in hospital, g	ive stree	t address)		d. STREET						RESIDENCE
	Hancock	Rest I	Tome	9		82 (rcha	rd St	reet			N A FARM?
DEC	ME OF CEASED pe or print)	S.Fir s Eda Bi		Middle		Lo	st	4. DATE OF DEATH	July	9th	00y 59	Yeor
5. SEX				RRIED NEVER MARRIE	рП	B. DATE OF BIRT	ТН					
	F	W	WIDOW			Feby 5	1866	6	9. AGE (In years lost birthdoy) 93 yrs.	Months [Doys Hou	urs Min.
10o. U	SUAL OCCUPATION	(Give kind of work ong life, even if retired	done 10b	. KIND OF BUSINESS O	R INDU	TRY 11. BIRTHP	LACE (Stote	or foreign c	ountry)	12. CITIZ	EN OF WI	HAT COUNTRY?
	ousewife					Cum	berla	and	Md	U	SA	
	THER'S NAME					14. MOTHER'S						
C	has So	mmerlatt				Mi	nnie	Lea	Pa .			
15. W/	AS DECEASED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	. 17. H	NFORMANT			Add	ress	-	
	No. or unknown) (If	yes, give war or dates of s	ervice)	None	M	rs. Ha	rold	E. B	ispop 8	2 Orc	hard	St.
-		H [Enter only one ca	use per l	line for (o), (b), and (c).]								BETWEEN
	PART I. DEAT	WAS CAUSED BY:		Stroke							1 0	ND DEATH
	334X	DUE TO									-	TOUL 5
	Conditions, if on	, which) (b)	Con	neralized	Λ	- and a a	3				20 1	70077
9	gove rise to im	mediate (1101	TELATIVED	AF	rentoso	rero	SIS			60	vears
	ouse (o), stating the	under-										
z -	PART II. OTHE	R SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	O THE TERMII	NAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY
ATI											PE	REORMED?
	O. ACCIDENT WAS R CONTRIBUTING E E EITHER, NOTIFY M	UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OF	CCURRE). (Enter nature o	of injury in P	Port I or Port	tt of item 18.)			
MEDICAL	c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea		INJURY OCCURRED Not white of work	20e. PL/ foc	ACE OF INJURY ((Home, form, e bldg., etc.	. 20f. (City	or town)	(Co	ounty)	(Stote)
21	I. I certify tha	t I attended the	decea	sed from		. 19	, ta		. 19	that I la	st saw t	he deceases
	live on		. 19	, and that	death	accurred at	9:101	PM: from	the couses of	and an the	date st	ated above
		107		-72	0			ADDRESS (SI	reet, city or town,	stote)	dale si	DATE SIGNED
AC	CTUAL Free	KB/h	emo	00-111 /11. C	Ye ,	121					ulv	13 10
	YSICIAN'S FI	cank B. I	'hom	as TIT. M	D	Han	cock.		yland			=-J-3==J
220. BL		22b. DATE THEREO		22c. NAME OF CEME	TERY O				ION (City, town, o			into)
RE	EMOVAL (Specify)	7-12-59		Hillcres							(:	State)
	NERAL DIRECTOR'S			ADDRESS			1	BY REGIST		TRAR'S SIGN	NATURE	
J	ames F.	Scarpel:	li	Cumberland	l, Mc	l.	DATE JU	11 1 6 1	59 a	other S.	trans	

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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8423 CERTIFICATE OF DEATH

Reg. Dist. No. 18402

4	DELACE OF DEATH O. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE b. COUNTY	/
+	b. CITY OR TOWN (If outside corporate limits, write , RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give no	
	HAGERSTOWN 1 wh	X BIG SPRING	
Ī	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	WASHINGTON CO HOSPITAL	RD#	YES NO
	3. NAME OF DECEASED (Type or print) DANIEL LESLIE	BURKETT DEATH July 7	Yeor 1259
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE In years I F UNDER 1 YEA	
	MALE WIDOWED DIVORCED	July 20 1882 Ids birthday) Months Days	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
	Jahren Road Blog	transla Co PA M	SA
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John Wesley Burkell	allee famison	•
	S. WAS DECEASED EVER IN U. S. AMMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yeshoo, or unknown) [1] (II) yes, give wor or dates of service)	NFORMANT Address	~ / 0
	27000179/	frace surper 13kg spring	, wd boff 1
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		TERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CEREBRAL VASCULA	R HEMORRHAGE WITH RIGHT	
	443X DUE TO HEMIPLEGIA		5 DAYS
		RIOSCLEROTIC HEART DISEASE	UNKNOWN
	gove rise to immediate couse (o), stating the under-		
-	lying couse lost. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
			YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF DEATH OF LITTLE OF THE LITTLE OF	D. (Enter nature of injury in Port 1 or Port 11 of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to Hour o. m. 19 While Not while of work to work to the work to the total transfer of the total	ctary, street, affice bldg., etc.)	
	21. I certify that I attended the deceased from APRIL 7, I	1959 , 19 , ta JULY 7, 1959 , 19 , that I last s	saw the deceased
		accurred at 6 13 LM, from the causes and an the do	
	0,0,0	ADDRESS (Street, city or town, stote)	DATE SIGNED
1	SIGNATURE Co. S. S. Cobert Colem	M.D	
	PHYSICIAN'S NAME (Type) ARCHIE ROBERT COHEN, M.D.	CLEAR SPRING, MARYLAND JULY 8	, 1959
f	220. BURIAL CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY C	R CREMATORY 22d. LOCATION (City, town, ar county)	(State)
	13 July 10/59 Broadford	ung Washington Ce	md
	23. FUNERAL DIRECTOR'S SIGNATURE . ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATU	
	Mic / Junel Stancast	a Pa DATE JUL 1 3 '59 Orling & The	

North Printer					
THE PROPERTY OF				No. of the Party	Miles William
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through the trouble 1-10 William W. W. W. 1 1682 7 The state of the s The transfer of the state of th the Branch Marie washing the Day of the Contract of

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 OLGO MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	3403					1.0	9. 0111. 140	
PLACE OF DEATH	Washington		ARYLAND	2. USUAL RESIDENCE (V	Where deceased live	b. COUNTY		ore odmission) nington
and give nearest tow	outside corporate limits, write RU	c. LENGTH OF S		c. CITY OR TOWN (III		limits, write RURA	L and give n	earest town)
	tal or institution (if a Church Stree		ddress)	d. STREET ADDRESS	nococheag	ue Street	ե	e. IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF DECEASED (Type or print)	Charl	es Elme		avender	4. DATE OF DEATH	July	17 ^{Doy}	Yeor 1959
5. SEX Male		MARRIED NEVER MAI		June 23,189	lest	birthdayl Mont	-	Haurs Min.
during most of worki	ON (Give kind of work doning life, even if retired)	Farming	OR INDUST		or foreign country Penna	12.	CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN	-			
	Jesse Cave				m Crawf	ord		
15. WAS DECEASED EX (Yes, no, or unknown)	VER IN U. S. ARMED FORCE			es. Bertha Ca	avender-	Address 114 S Co Williams	onococ	heague St
976 X Conditions, If a gave rise to imme (a), stating the cause lost.	diate cause			od thru skul				9. WAS AUTOPSY
CATIO		DESCRIBE HOW INJURY OF						PERFORMED? YES NO X
PRIMARY AN or CO CAUSE OF DEATH.	MIKIBUTING LL			ad with 22 p				
20c. TIME OF INJU		20d. INJURY OCCURRED While Nat while at wark of work	focto	E OF INJURY (Home, formary, street, office bldg., etc.		m)	(County) Wash.	(State) Md
	hat I took charge o d from: Natural ca			· ·		ction K , Inc	quiry []	, and find that
ACTUAL SIGNATURE	? Robert	well	4	_M.D. CHIEF MEDICAL EX				DATE SIGNED
EXAMINER'S NAME (Type)		t Wells, M.D.		ASSISTANT MEDIC	EXAMINER 🔀	•	-17-59)
Buria I	puly 20-	9 Church	Weten fr Cemet		Near Be	(City, town, or cou	re Pa	
23. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	6-7	-MCL PATE	D BY REGISTRAR JUL 2 0 '59	24b. REGISTRAR	's signatur	

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				The second second

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8425

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY Was	hington	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryl	here deceased lived. If institut b. COUNT		
B. CITY OR TOWN (RURAL ond give in Hagerston		c. LENGTH OF STAY IN 16 3 years		outside carporote limits, write	RURAL and give ne	arest town)
d. NAME OF HOSPI OR INSTITUTION 552 Salem	TAL (If not in hospital, give street Ave.	oddress)	d. STREET ADDRESS 552 Salen	Ave.		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	KATHER INE	BELLE C	EARFOSS Lost	4. DATE MO OF DEATH July	nth Do	Year 11 19 59
Female	6. COLOR OR RACE 7. MARI		8. DATE OF BIRTH June 6. 1882	9. AGE (In years last birthdoy) 77 yrs	Months Days	Hours Min.
Rooming H	ON (Give kind of work done 10b. rking life, even if retired) Ouse Operator	KIND OF BUSINESS OR INDU Own Business	State Li	ne, Bennsylva		A .
I. FATHER'S NAME	na D. D. mahmalan		14. MOTHER'S MAIDEN			
	ge B. Bonebrake		INFORMANT	Mary Carson	dress	
	(If yes, give war or dates of service)		1	eagle Hagers		yland
Canditions, if a gove rise to couse (a), stoting lying couse last.	the under-	Ay for tens	sear			3 yrs.
		CRIBE HOW INJURY OCCURRE				PERFORMED? YES NO
OR CONTRIBUTING	CAUSE OF DEATH	CAIDE HOW WOOM OCCORNE	o. (Ellier halore or injery in	Ton For Form to Financial		
20c. TIME OF INJUI Hour o. m. p. m.	While	1 1	ACE OF INJURY (Hame, forrictary, street, office bldg., etc	n, 20f. (City or town)	(County)	(State)
	hat I attended the decease whe 26th 195	2, and that death		M, fram the causes ADDRESS (Street, city or town shington St., H	and an the da , stote)	DATE SIGNE
20. BURIAL, CREMATIC REMOVAL (Specify BULLIAL)	7/14/1959	Rose Hill Ce		22d. LOCATION (City, town, Hagerstown.	ar county)	(Stote) Maryland
Suter - Rouz	er runeral Home	ADDRESS	24a. REC	D BY REGISTRAR 246. REG	Inling & to	RE

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necessiness them.			Thomas block	
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ning A.B. II Almas Sta		Control of Control		inoda antioda
	man diameter	CSLATION CONTROL	nui . Il ayzou	
	5f .= 13 =			

CSCIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR ATTENDING PH VS A15 (4) 15M 9/55

8470	CERTIFICA	AIL OI DEAIII	Reg	. Dist. No. 302
1. PLACE OF DEATH a. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryland	e deceased lived. If institution, Res Washing to	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R # 4	c. LENGTH OF STAY IN 16		side corporote limits, write RURAL ${f stown}{f R}\#{f 4}$	ond give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION Broadfording Road	of oddress)	/d. STREET ADDRESS Broadford	ing Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) CORNELIA	Middle KATE	CHAP MAN	DEATH July 13 1	Day Yeor 959 19
	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec 7 1881		NDER 1 YEAR IF UNDER 24 HRS. ths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	o. KIND OF BUSINESS OR INDU	Middlebur	g Franklin Co	Pa USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
John Muritz			a Swisher	
(Yes, no or unknown) (If yes, give war or dates of service)		gar G. Chapm	an Hagerstown	R #4
PART I. DEATH (Enter anly one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line far (a), (b), ond (c).]	Maryl	and	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. (b) DUE TO	estern to	links Nes	art Jusier	2 year
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF LIFE THER, NOTIFY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	al disease condition given in	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 19
	ESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in Par	t I or Part II af item 18.)	
A Hour o.m. Whil) A.	LACE OF INJURY (Hame, form, octory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that I attended the decedalive an			M, from the causes and a DRESS (Street, city or tawn, state)	
PHYSICIAN'S TITE W	TATOI			' ' ' ' ' ' ' '
220. BURIAL, CREMATION, 22b. DATE THEREOF Burial 7/16/59	Rose Hill C		2d. LOCATION (City, town, or cour gerstown Wash	
23. FUNERAL DIRECTOR'S SIGNATURE Andrew K. Coffnan Hag	erstown Md.	240. REC'D	By REGISTRAR 24b. REGISTRAR 17 '59 arthur	S SIGNATURE S. Kraug

	8470	
many at a D		
		AND STATE OF

FOR STATE

輸 TO DEPUTY MEDICAL EXAMINES. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing word "pending" in pending in them, 18. Give Pages 1, 2, and the funeral director. Page 4 should graworded to the Lef Medical Examiner's Office along with form PM3. Page 5 has be retained for your files.

TO FUNER DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 5th and of Heighth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 842 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

	1, P	LACE OF DEATH L COUNTY Mashing ton	MARYLAN	O STATE 7	(Where deceased lived. If ins	litution: Residence before ton	ore admission)
ì	b	. CITY OR TOWN (If autside corporate limits, write & and give nearest town)			(If outside corporate limits, w	rite RURAL and give ne	eorest Iown)
	- HOUSENING	Hagerstown	1 Hr	03 Ha	gerstown		
	d	I. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
		Fairchild Aircraft I		137 E.	Antietam S	•	YES NO
		NAME OF DECEASED Type or print) ELMER	A # 5 /5#	ONES	4. DATE M. OF DEATH July	7 1959	Yeor 19
	5. S	16-7- TTL-14-	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH April 4 19	9. AGE (In year lost birthday) 57	Months Days	Hours Min.
1	10a.	USUAL OCCUPATION (Give kind of work do uring most of working life, even if refired) Guard	one 10b. KIND OF BUSINESS OR INDU Fairchild	STRY 11. BIRTHPLACE (SIO	te ar foreign country) Cook Co II:		WHAT COUNTRY?
	18.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	1	Abraham Chones		Jen	ny (Unknown)	
	15. IYes.	WAS DECEASED EVER IN U. S. ARMED FORCE	CES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Addi	015	
		Yes (If yes give was or dises of se	218-24-8841 K	atherine R	. Chones 13	7 E. Anti	etam St
		18. CAUSE OF DEATH [Enter only one couse			stown Md.	INTER	VAL BETWEEN
		PART I. DEATH WAS CAUSED BY:				ONSE	AND DEATH
		IMMEDIATE CAUSE (a)	Gun shot wour	id into chest	- hemmorhage		
		7 / 6 X DUE TO			shock		
		Conditions, if ony, which) (b)				- ECO 15	
		gove rise to immediate couse (a), stating the underlying DUE TO					
		couse lost.					
Н	Z		DITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE CONDITION	GIVEN IN PART 1(0) 15	. WAS AUTOPSY
)	ATK					Y	PERFORMED?
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY DOOR CONTRIBUTING CAUSE OF DEATH.	Shot self in che	(Enter noture of injury in Post with 38 r	ort I or Part II of item 18.)		
		20c. TIME OF INJURY Month, Day, Year	20d, INJURY OCCURRED 20e. P	ACE OF INTURY (Home for	rm 1206 (City or town)	(County)	(State)
	MEDICAL	5 130 KX July 7 195	While Not while fo	ctory, street, office bldg., et	Hagerst		Md
4		21. I certify that I took charge	of the remoins described of	ove, held on Autop	sy , Inspection [Inquiry 17.	and in my
		opinion deoth resulted from: No	latural couses . Accident	, Suicide	Homicide . Unde	- · · · ·	
		000	1/19 200				
		SIGNATURE S, Tolice	+Wells	M.D. CHIEF MEDICAL	EXAMINER [DATE SIGNED
2	Н			ASSISTANT MEDI	CAL EXAMINER	7-7-9	50
		EXAMINER'S NAME (Type) S. Robert	Wells, M.D.	DEPUTY MEDICA	L EXAMINER 1	1-1-,	"
	220.	BURIAL CREMATION, 226 DATE THEREOF	F 22c. NAME OF CEMETERY C	R CREMATORY	22d LOCATION (City, low	n, or county)	(Stote)
	P	urial 7/10/59	Rose Hill	Cemetery	Hagerstown	Wash. Co	bM c
		FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			GISTRAR'S SIGNATUR	
	A	ndrew K. Coffman	Hagerstown Md.	DATE	JUL 9 '59	Cirilian S. Hu	
				1 DATE		/ 00	

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	SECOND DISTRIBUTE			
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			Description of the second seco	
	Mark Bull 2 To 19 Control of Total Control		Service of the Service Court States of Managers	

ADDRESS

Westernport, Md.

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23. FUNERAL DIRECTOR'S SIGNATURE

08408

Garrett WASHINGTON

Day

IF UNDER 1 YEAR IF UNDER 24 HR

U.S.A.

Haurs

INTERVAL BETWEE

PERFORMED? NO

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

24b. REGISTRAR'S SIGNATURE

arthur & thous

240. REC'D BY REGISTRAR DATEJUL 2 7 '59

that I last saw the deceased

(State)

e. IS RESIDENCE

YES NO

Year

Reg. Dist. No.

Months

FOR STATE HEALTH DEPT

he funeral director. Page be retain far your files. 25 TO DEPUTY MEDICAL EXAMINEP. This certificate should be executed within 24 hours after death. Many delay execute the certificate, writing ward "pending" in penal in them, 18. Give Pages 1, 2, and the fundation of should be seed Medical Examiner's Office along with form PM3. Page 5 may be retain TO FUNER. WRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Status of the designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours after deat

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8428 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

								Reg. Dist. 14	M -
o. CO	OF DEATH	Washington	1	MARYLAND	2. USUAL RESIDENCE	E (Where deceos	ed lived. If instit b. COUN		
b. CITY	Y OR TOWN (II	outside corporate fimits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside corp	orate limits, write	RURAL ond give r	neorest fown)
	Hagers			9 hours		timore		3V01-1	
d. NAA	ME OF HOSPITA	L OR INSTITUTION (f not in hos	pital, give street address)	d. STREET ADDRES	A service of the later of the l		2101-1	Le. IS RESIDENCE
		Co. Hospita				altimore	Ave.,		ON A FARM? YES NO NO
3. NAME DECEA (Type	E OF ASED or print)	Gilbe		Middle Du	keman	4. DATE OF DEATH	Mont	th Doy	
5. SEX				ED NEVER MARRIED B			9. AGE In years		IF UNDER 24 HRS.
maJ	le	white	WIDOWED	The same of the sa	Iune 6. 19:		lest birthday) 30 yrs.	Months Doys	Hours Min.
10o. USU	AL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (S	tate or foreign co	ountry)	12. CITIZEN O	F WHAT COUNTRY
doring	laborer			hlehem Steel	Altoona			USA	
13. FATH	ER'S NAME		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		14. MOTHER'S MAIDE	The second liverage and the second		1 0022	
11.00	Robert	A. Dukeman			Cather	rine Tsa	bell Cra	mer	
15. WAS	DECEASED EVE	R IN U. S. ARMED FO	_	SOCIAL SECURITY NO. 117. IN	FORMANT	200	Address		
(Yes, no. or	10	(If yes, give war or dates of	serviço)	182-22-1400 Rob	ont A Duke	man A			
		H [Enter only one cau			ert A. Duke	amain A	ltoona,	100	
10.0		H WAS CAUSED BY:						ONSI	RVAL BETWEEN ET AND DEATH
	211	MMEDIATE CAUSE (0)	Dis	location rt hi	p; Closed :	rracture	It memu	r;	
0	5/6 X	DUE TO	Mul	tiple fracture	s of pelvi	c bones;	Multipl	.e	
	ditions, if an			cture ribs; In					
	stating the u			Shock					
COVI	e lost.) (c).							
8	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE	CONDITION GI	VEN IN PART 1(0)	9. WAS AUTOPSY
3									PERFORMED?
200. I	EXTERNAL CAU	SE WAS 20	b. DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of injury in	Port I or Part II	of item 18.)		
	SE OF DEATH.	IKIBUNING LI	1	Driver of auto	that was i	nvolved	in head	-on colli	son
	TIME OF INJUR		r 20d. II	NJURY OCCURRED 20e. PLAC	E OF INILIRY (Home	form 20f (City		(County)	(State)
0	Hour axax	July 19 19	50 While	Not while of focto	ry, street, office bldg.,	efc.)	al- Clea		Wash Md
-				emoins described obo					
					/ 1			Total Control	
opin	non deoin i	esuited from:	NOTUFOI C	couses , Accident	J. Suicide [],	Homicide	Undete	ermined monne	er L
ACT	UAI 5	12.0	4/	vell					DATE SIGNED
SIGN	NATURE	, our	, ,	veles	M.D. CHIEF MEDICA	L EXAMINER			DATE STORES
	MINER'S AE (Type)	S. Rob	ert W	ells, M.D.		AL EXAMINER	_	7-20-	-59
220. BURI	AL, CREMATION	N. 226. DATE THEREO	F	22c. NAME OF CEMETERY OR			ION (City, town,	or county)	(State)
REMO	OVAL (Specify)	7-22-59		Bald Eagle			rtin	Pa.	
	RAL DIRECTOR'S			ADDRESS	24g. R	EC'D BY REGISTR		STRAR'S SIGNATUR	
Fred	W. Kra	ries Ha	geret	own, Md.		JUL 21 '5			-
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Characteristics of the control of th			
State Constitution of the			
The second secon			
	TO STATE OF STREET AND ADDRESS OF THE PARTY	policy of the state of the	

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471	CERTIFICATE	OF DEATH
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	AL OF DEATH	Reg. Dist. No.				
ND	2. USUAL RESIDENCE (Where deceased lived. If inst a. STATE MARYLAND b. COUL	itution: Residence before admission) NTY WASHINGTON				
16	c. CITY OR TOWN (If autside carporate limits, wri	te RURAL and give nearest town)				
	X RURAL HAGERSTOWN	J				
	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
	RT.#2 HAGERSTOWN	YES NO X				
-	Last A DATE					

	. COUNTY WAS	SHINGTON		MARYLA	UND	o. STATE	MARYL	AND	b. COUNTY	WAS	HIN	GTOI	V
	RURAL and give ne	f autside carporate limit earest town)		c. LENGTH OF STAY IN	11Ь	c. CITY O	R TOWN (If au	utside carpo	orate limits, write R	URAL end	give ne	arest lawn)
		AGERSTOWN		LIFE				HAGE	RSTOWN				
	RT.#2	AL (If not in hospital, gi HAGERSTOV		oddress)		/d. STREET	ADDRESS 1.#2 H	AGER	STOWN				FARM?
	NAME OF DECEASED (Type or print)	HELEN	it.	VIRGINIA			eby	4. DATE OF DEATH	JULY	oth	9	,	Year 19 59
. :	FEMALE	WILL T DOTS	7. MARR	DIVORCED	_	10/3	TH 30/191	.2	9. AGE (In years last birthday) 46 yrs.	Months	Days	Haurs	R 24 HR5. Min.
0a	during most of work	ON (Give kind of work d ino life, even if retired)	ane 10b.	HOME	INDUSTI	1	PLACE (STOTE O		ountry)	12. CI		S.A.	COUNTRY?
3.	FATHER'S NAME					14. MOTHER	'S MAIDEN N	AME					
	EDGAR	STRITE				MA	RY M.	MAR	TIN				
S.		R IN U. S. ARMED FORC		SOCIAL SECURITY NO.	17. INF	ORMANT			RT.	ress HA	GER	STOV	VN
	110			NONE	M	R. IF	RA E.	EBY	M	D.			
	Canditions, if ar gave rise to ir couse (a), stating t tying cause last.	the under- DUE TO (c)		carce of		and	C2X-				ON:	2 4/4	Lein-les
	20g. ACCIDENT WA	S UNDERLYING []		ONTRIBUTING TO DEATH						EN IN PAR	RT 1(a) 1	9. WAS / PERFO YES	RMED?
2	OR CONTRIBUTING	CAUSE OF DEATH											
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	Y Manih, Day, Yea	r 20d. IN While at work	Not while	e. PLAC facta	E OF INJURY ry, street, off	(Hame, farm, ce bldg., etc.)	20f. (City	or town)	(County)		(State)
	21. I certify the alive on 7/	at I oftended the 7/59	decease _, 19			ccurred o	. 2A.	M, from	n the causes of treet, city or town,	ond an t	he da	te state	ed above.
	NAME (Type)		Week	s, M.B.		На	gerst	own,	Maryla	nd			
20	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOI		22c. NAME OF CEMETE	RY OR	CREMATORY		22d. LOCA	TION (City, town,	or county)		(State	o)
3	FUNERAL DIRECTOR'S	7/12/	59	REIFES 1	MEN	TINON	CHU		WASHIN	TON	.CO.	M	D.

23. FUNERAL DIRECTOR'S SIGNATURE.

1. PLACE OF DEATH

ADDRESS

24a. REC'D BY REGISTRAR NEWW DATE UL 1 5 '59

246. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/S5

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	Health Frank	Value of the second
No profession of the manufacture of the second		TY TOTAL
	a o •	

ON A FARM?

YES NO TO

Year

19

hr.

PERFORMED?

(State)

DATE SIGNED

(State)

HTARO OF BEATH	CHINED TO THE STATE OF
	THE COLUMN TWO IS NOT THE OWNER.
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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8430 CERTIFICATE OF DEATH

	0300	GE IX1111 G	7112 OI DE5111		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Washingt	on	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased lived. If institution b. COUNTY	Residence befare admission)
b. CITY OR TOWN (If outside corporate town) Hagerstown	rote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write RU town	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in ho or institution Martin Manor	spital, give street Nursing	address) Home	d. STREET ADDRESS / 114 A1	len Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Pes	First	Victor	Ford	4. DATE Month OF DEATH	uly 31, Year 1959
5. SEX 6. COLOR OF Whit		RIED NEVER MARRIED ED DIVORCED	B. DATE OF BIRTH Jan. 25, 18	Look blokb down	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of during most of working life, even in OWNET)	of wark done fretired)	store	Harmonsb		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME James	Ford		14. MOTHER'S MAIDEN N	Sally A.	Henry (
15. WAS DECEASED EVER IN U. S. ARM (Yes, no, or unknown) (If yes, give war or		social security no.	INFORMANT Edwin C. For	d, Hagerstow	
PART I. DEATH WAS CAUS IMMEDIATE COMMEDIATE COnditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	ED BY: AUSE (a) DUE TO (b) DUE TO (c)	neplin	lised ar	lemosclero sis	ONSET AND DEATH
PART II. OTHER SIGNIFICAL 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA					N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	DEATH	CRIBE HOW INJURY OCCURE	RED. (Enter nature of injury in I	Port I or Port II af item 18.)	
20c. TIME OF INJURY Manth, D Hour a. m. p. m.	ay, Year 20d. I While of wor	Not while f	PLACE OF INJURY (Home, form actary, street, office bldg., etc.		(Caunty) (State
21. I certify that Lattender alive an 7/23 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	7 U.	Campbell L. Campbe	(no Hage	M, from the causes and ADDRESS (Street, city or town, sustantial of the Causes and ADDRESS (Street, city or town, sustantial of the Causes)	nc 7/31/2
220. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify) Aug.	2 70		Cemetery	,	Ohio.
23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnic	h & Soi	n, Hagerstov			TRAR'S SIGNATURE

TO 1000 (1980) 0532 Martine in the second of the s Las Control of Control . Const. Canada dorrar the series of the series of the series of the series of Books I. Clamica at the Hardward Mar. The Carlo

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8431 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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90	Dist.	No	30	2	

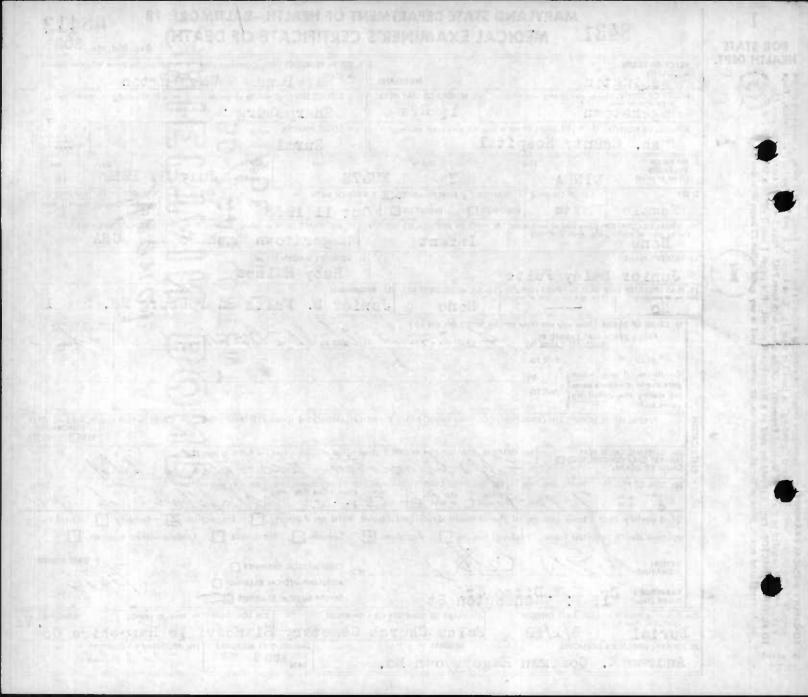
				Reg	. Dist. No. OUR
PLACE OF DEATH				Where deceased lived. If institution: Re	
Washing	ton	MARYLAND	° si Waryla	nd Washingto	n
b. CITY OR TOWN (Il outside corporate limits, write RUR.	1		f outside corporate limits, write RURAL	ond give neorest town)
Hagerst		lė Hrs	X Sharps	burg R # 1	
		in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Wash. C	County Hospi	tal	Rural		YES K NO
3. NAME OF DECEASED (Type or print)	LINDA	MAY FU	LTZ	4. DATE Month OF DEATH July 30 1	Doy Year 1959 19
i. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	. DATE OF BIRTH	lost histhday)	DER TYEAR IF UNDER 24 HR
Female	White wi	DOWED DIVORCED	Oct 11 195	i Medin	B Days Hours Min.
Do. USUAL OCCUPATE	ON (Give kind of work done ng life, even if retired)	10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country) 12.	CITIZEN OF WHAT COUNTRY
None		Infant	Hagersto	wn Wash Co Md	USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN I		
Junior	Daley Fultz		Ruby Ha	ines	
5. WAS DECEASED EN	VER IN U. S. ARMED FORCES		NFORMANT	Address	60
No			mior D. Fu	ltz Sharpsburg	Md. R # 1
	ATH [Enter only one cause po ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Franke of	Shulf +	A Humen	ONSET AND DEATH
Conditions, if					
gove rise to imme					
couse lost.	(c)				
PART II. OT 20g. EXTERNAL CA PRIMARY 20gr CO CAUSE OF DEATH.	HER SIGNIFICANT CONDITIC	ONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERM	IINAL DISEASE CONDITION GIVEN IN P	PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
	USE WAS DITRIBUTING 1	ESCRIBE HOW INJURY OF CURRED. (E	nier noture of injury in Por	of for Part If of item 18%	ild
20c. TIME OF INJU	IRY Month, Day, Year		CE OF INJURY (Home, form	n. i 20f. (City of town)	County) (State)
6 p. m.	1-201xc9	While of work of work	fone	Thatstury U	och my
21. I certify t	hat I took charge af	the remains described abo	ve, held an Autops	y . Inspection Ing	uiry , and in my
opinion deoth	resulted from: Natu	ural causes [], Accident [Suicide [],	Homicide , Undetermined	d manner 🔲
ACTUAL	CZW A	July 2	_M.D. CHIEF MEDICAL EX		DATE SIGNED
EXAMINER'S INAME (Type)	Is W: WwRiki	ngton st	DEPUTY MEDICAL	EXAMINER [739
20. BURIAL, CREMATIC REMOVAL (Specify	ON, 226, DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town, or county	y) (Siote) W. V
Burial	8/1/59	Salem Church			mpshire Co
3. FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR'S	
Andrew l	. Coliman	Hagersvown Md.	DATE AU	JG 3 '59 C. J	d. Tisalla

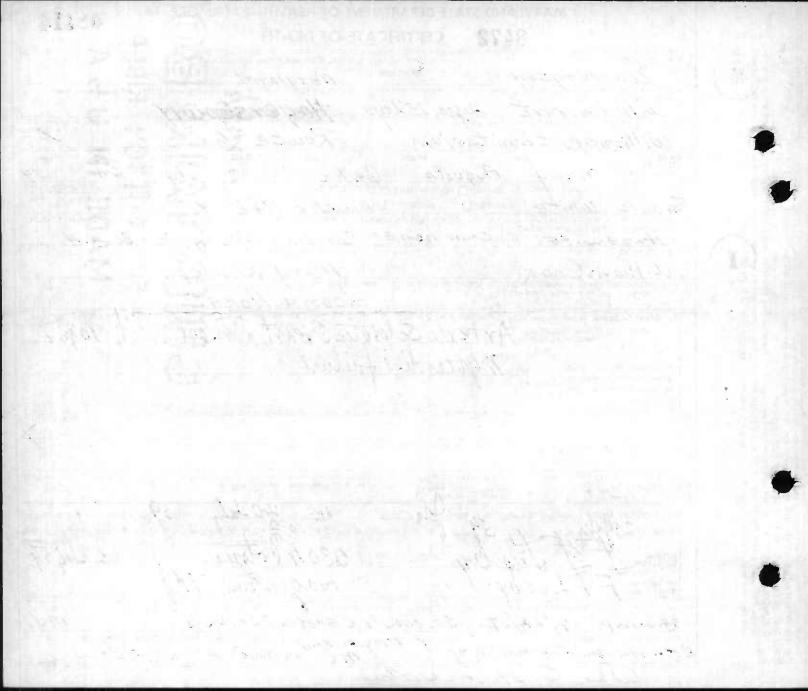
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2081214XV3

TO DEPUTY MEDICAL EXAMINE

DEPUTY MEDICAL EXAMINED. This certificate should be executed within 24 hours ofter death. If on execute the certificate, writing ward "pending" in pending them 18. Give Pages 1, 2, and 4 should a swooded to the eff Medical Examiner's Office along with form PM3. Pages 5 mby 5 FUNER. WARECTOR: Page 3 should be used as a build-tronsit permit. File pages 1 and 2 with or its designated agent, prior to burial, cremation, ar removal, and in any gent within 72 hours of





VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8432 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Washington	MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o STATE Maryland Washington
b. CITY OR TOWN (If outside corporate li	imits, write c. LENGTH OF STAY IN	
RURAL ond give necrest town) Hagerstown	4 Days	Smithsburg R. F. D.
d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION	t, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Wash. County I	Hospital	White Hall Road YES KNO
3. NAME OF	First Middle	Lost 4. DATE Month Day Yeor
(Type or print) CL YDE	ORVAL H	IARBAUGH DEATH July 25 1959 19
5. SEX 6. COLOR OR RAC	7. MARRIED NEVER MARRIED	
Male White	WIDOWED DIVORCED	□ Nov 28 1877 81 yrs.
10a. USUAL OCCUPATION (Give kind of wor	rk done 10b. KIND OF BUSINESS OR	NDUSTRY 11. BIRTHPLACE (Stote or foreign country) Md. 12. CITIZEN OF WHAT COUNTRY?
Farmer	Retired	Chewsville Wash. Co USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
John I. Harbau	ugh	Martha A. Brown
15. WAS DECEASED EVER IN U. S. ARMED FO	ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address
NO (18 yes, give wor or dores		esse H. Harbaugh 62 E. Irvin Ave
18. CAUSE OF DEATH [Enter only one		Hagerstown Md. Interval Between
PART I, DEATH WAS CAUSED BY	Y: (1	ONSET AND DEATH
IMMEDIATE CAUSE		y soffere of
///X DUE	10	
Conditions, if any, which gove rise to immediate	(b)	
cause (o), stoting the under-	10	
lying cause lost.	(c)	
PART II. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
5		YES NO
PART II. OTHER SIGNIFICANT CO	TH	URRED. (Enter nature of injury in Port I or Part II of item 18.)
3 20c. TIME OF INJURY Month, Day,	Year 20d. INJURY OCCURRED 20	le. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Hour o.m. p. m.	9 Of work at work	foctory, street, office bldg., etc.)
21. I certify that I attended the		18 19 87 to Rele 25 195 9that I last saw the deceased
(1. 0. 2.		Promote left at
alive on fully 19	19.5. , and that d	eath occurred atM, from the causes and an the date stated abave
ACTUAL THE POR	OP Para	ADDRESS (Sireer, city or town, stole)
SIGNATURE COLLEGE	ex/ Courses	M.D. 177 W Collegion 17253
PHYSICIAN'S NO bey 7	KP. Corrad	Hagero Cron leg
220. BURIAL, CREMATION, 22b. DATE THER	REOF 22c. NAME OF CEMETE	
REMOVAL (Specify) 7/27/	/59 Smithsbur	g Cemetery Smithsburg Wash, Co. Md
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Andrew K. Coffmar	n Hagerstown Md	DATE JUL 28'59 Cottlag S. Krous

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			NAME OF THE PARTY	58 KI
			Marie And Marie	
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	Strain-Verna	A National Property		
THE RESIDENCE OF THE PROPERTY		WEIGH		
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

Reg. Dist. No.

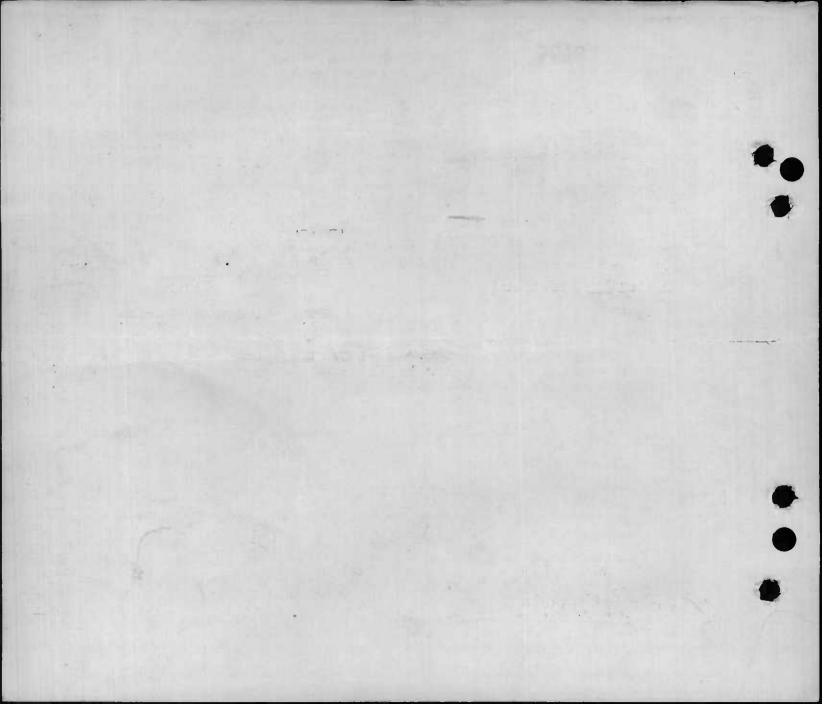
DIACH OF DRAWI		R 9 HIGHLAT BECHERNOR MOMES O	P DECKARED.	
COUNTY WASH	MARYLAND	2. USUAL RESIDENCE (HOME) O	COUNTY	Y Was
CITY (If outside corporate limits, write OR give prarest town) TOWN TILL Lamsport	RURAL and LENGTH OF STAY (in this place) T year	CITY (If outside corporate limits, OR TOWN Rural V	write RURAL and giv	
HOSPITAL OR HOMOWOOD STREET ADDRESS	od Home	ADDRESS Rt# 11 (II	rural, give location)	
3. NAME OF (First) DECEASED (Type or Print) INEZ		HAY (Last) 4. DAT OF DEA	7	27 (Year) 27 19 59
5. SEX H 6. COLOR OR RA	VIDOWED, MARRIED, (Specify) DIVORCED,	8. DATE OF BIRTH 9. AGE I	st birthday If under Months yrs.	Days If under 24 hrs. Days Hours Min.
10s. USUAL OCCUPATION (Give kind of done during most of working life, even if ret HOUSEWILE	work 10b. Kind of Business or Industry	M. BIRTHPLACE (State or foreign of Berlin Pa.	ountry) 12	2. CITIEEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1	
Daniel Altfath		Malinda Wal	lker	
(Yes, no, or unknown) (if yes, give war or			6.4	
(Bet vice)	18. MEDICAL CE	Mrs. Margaret	W gner.	
I. DISEASES OR CONDITIONS DIREC				INTERVAL BETWEEN ONSET AND DEATH
. / 9 9 /				
Immediate cause	Cardiovascu		•••••	min
giving rise to the above cause stating the underlying cause last	Arterioscler Cardiac	osis Gen		yrs. months
11. OTHER SIGNIFICANT CONDITION Conditions contributing to the death but related to the disease or condition causin	S not			
19a. DATE OF OPERATION 19b. MA.	OR FINDINGS OF OPERATION			20. AUTOPSY1
				Yes D No To
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Ho	(ur) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?		
INJURY	m. Work At work			
22. I hereby certify that I attende July 21 59 alive on 19 51		2 15 a m., from the causes a ADDRESS	and on the date st	ated above. DATE SIGNED
25. BURIAL CREMATION DATE THE REMOVAL (Speedly)	EREOF NAME OF CEMETE	RY OR CREMATORY LOCATION	(City, town, or count	
DATE REC'D BY LOCAL REGISTR REGISTR	AR'S SIGNATURE	2. FUNERAL DIRECTOR!	2549	ADDRESS AT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

928

The correct

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8433 **CERTIFICATE OF DEATH** 2 24 haurs after death: Page 4 he funeral director. M Motivation of the control of the control of the control of the complete After this certificate has been signed by the attending physician and complete this certificate has been signed by the after his as the burial-transit permit. The please remove cerban papers. AN: The law requires that the death certificate be executed

TO FUNERAL TO HOSPITAL

VS A15 (4) 15M 10/57

118418 Reg. Dist. No.

-		
	1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceosed lived. If institution: Pasider O. STATE b. COUNTY b. COUNTY	ice before admission)
\vdash	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and	int lin
	RURAL And give recorest town / 1/2 Days (Reemenstle	Paral) 75%
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS	e. TS RESIDENCE
L	Wash. Co. Hospital Treencastle RD3	ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) MILDRED (Middle HE MAN) OF DEATH (LULY 2	9 Day Year
-	5. SEX 6. COLOR OR RACE 7. MARRIED 7. NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER	19 S
L	temale white widowed Divorced 12/31/1906 52 yrs. Months	Days Hours Min.
100	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country duping most of working life, (van if retired)	TIZEN OF WHAT COUNTRY
12	13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME	1.0.A.
13.	IRA B. FAHRNEY ELLA NEWCOM	ER
15. (Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. WITCHMANY (19s. no. symbology) (19 yes, give wor or dates of service)	0
	10 - 1040 reman-preence	stlo Pa
	18. CAUSE OF DEATH [Enter only one cause per line for (a). (b). ond (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSEL AND DEATH
	IMMEDIATE CAUSE (a) SELENSALON VILLENTE TECH SECTOR	Buks
	1	2010-
	Gonditions, if ony, which gove rise to immediate (b) 4D210 CAREINOMA OF TOTAST &	- JIES -
	couse (o), stoling the under- lying couse lost. DUE TO METHSTASTAS	V
Z		T 1(0) 19. WAS AUTOPSY
CATION		PERFORMED?
CERTIFIC		
L CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. P. m. 19 20d. INJURY OCCURRED While Nat while of work	County) (State)
	21. I certify that I attended the deceased from Jan 1956 19 to 27 Suly 1955 that I	last saw the decease
	alive an July 29, 1957, and that death accurred at 9 2 M, from the causes and an t	
	ADDRESS (Street, city or town, state)	DATE SIGNE
	SIGNATURE SUSSESSED M.D. GEE'NEASTER	74-
18	PHYSICIAN'S Paul F. Webster, M.D.	
220	220. BURIAL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
	REMODIL (Specify) Aug 1, 1959 Cedar Hell (TREENCAST)	e, Pa,
23.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	GNATURE
	C.C. Munich - Prelincially Pa. DATE AUG 3 '59 Only &	ThatA

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FOR STATE EALTH DEPT

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8475 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

Maryland MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No

Washing ton CITY OR TOWN Itt outside corporate limits, write RURAL Bresthedsville

c. LENGTH OF STAY IN 16

2 Mos d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

Baltimore City d. STREET ADDRESS

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Md State Reformatory for Males

15293 Myrtle St

e. IS RESIDENCE ON A FARM? YES TO NO TE

08419

NAME OF DECEASED (Type or print) NMN Samiel Howard

6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH

DEATH July 11 9. AGE (In years Months

Month

b. COUNTY

19 IF UNDER TYEAR IF UNDER 24 HRS. Hours Davs

Male WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Baltimore City

DIVORCED |

Baltimore City Md.

12. CITIZEN OF WHAT COUNTRY? USA

ONSET AND DIATH

13 FATHER'S NAME

cause last.

CERTIFICATION

Samuel Howard Sr

IMMEDIATE CAUSE (a)

Mary Carter

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO (If yes, give war or dates of service) (Yes, no or unknown) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gave rise to immediate cause

(a), stoting the underlying

None

17. INFORMANT

Records of State Reformatory for Mables Bresthedsville Wash. Oo Md

Asphyxia by hanging

DUE TO

DUE TO

200. EXTERNAL CAUSE WAS PRIMARY (5) or CONTRIBUTING CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY

20c. TIME OF INJURY Month, Doy, Year

20d. INJURY OCCURRED July 11 19 59 of work of of work \$

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) Institution

20f. (City or town) Rural Hagerstown.

(County)

(State) Md

PERFORMED? YES NO

21. I certify that I took charge of the remains described above, held on Autopsy X, Inspection K, Inquiry I, opinion deoth resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner

CHIEF MEDICAL EXAMINER

DATE SIGNED

ACTUAL SIGNATURE **EXAMINER'S**

S. Robert Wells. M.D.

ndrew K. Coffman Hagerstown Md.

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF Burial

22c. NAME OF CEMETERY OR CREMATORY Mt Albans Cemetery

22d. LOCATION (City, town, or county) Baltimore City Md

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATEJUL 1 4 '59

240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

AND THE RESERVE OF THE PARTY OF 37. 对自动的 斯太子士等的解释 由的设置 A STATE OF THE REST TO STATE OF THE STATE OF VS A15 (4) 15M 10/57

08420

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HE

Hours

INTERVAL BETWEEN ONSEL AND DEATH

> PERFORMED? YES 🗌

NO T

(Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Doys.

(County)

2 9 159

Months

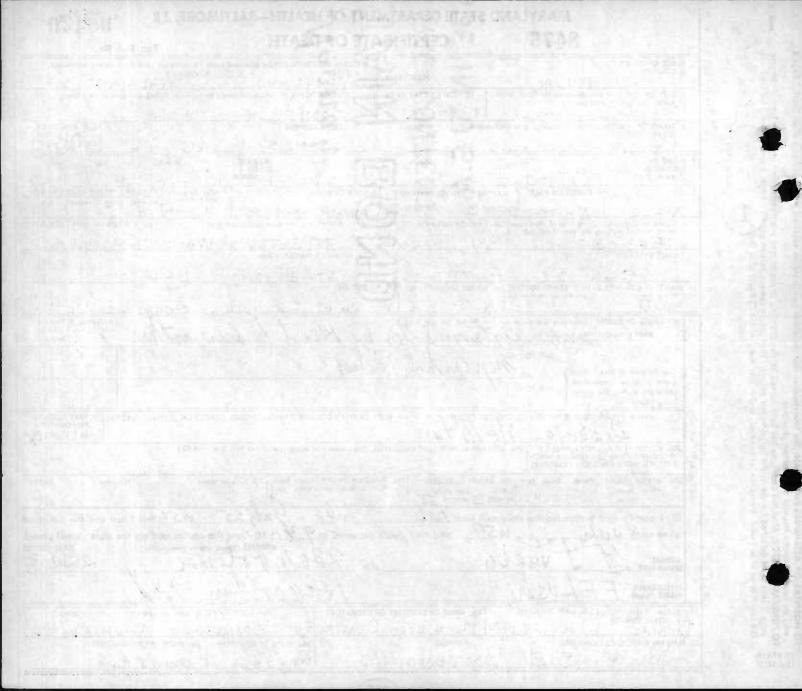
ON A FARM? YES NO T

Yeor

195

Min.

Reg. Dist. No.



VS A15 (4) 15M 10/57 M

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
8434	CERTIFICATE	OF DEATH	Jaco

	0303		CERTIF	ICAT	E OF DEA	ATH		Reg. Dist.	No. 302	
1, PLACE OF DEATH o. COUNTY	Vashington		MARYL		o. STATE	CE (Where decear	sed lived. If institut b. COUNTY			on)
b. CITY OR TOWN RURAL ond give Hagerst		its, write	c. LENGTH OF STAY IP	N 16	c. CITY OR TOW		porote limits, write	RURAL ond give	nearest town)	
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, s			5	d. STREET ADDR	Street			e. IS RESII ON A YES []	DENCE FARM? NO 🔀
3. NAME OF DECEASED (Type or print)	IRV ING	rst	Middle P.	JO	Losi HNSON	4. DATE OF DEAT		2	20 1	9 59
5. SEX Male	6. COLOR OR RACE	7. MARR	D DIVORCED		PATE OF BIRTH $3-2/-$	1908	9. AGE (In years last birthday) 51 yrs	Months Do	ys Hours	R 24 HRS. Min.
100. USUAL OCCUPAT during most of we unknown	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR		New Or	leans, I			J.S.A.	COUNTRY?
13. FATHER'S NAME				1	14. MOTHER'S MAI	IDEN NAME				
Line Co	Jewell Joh	nson			u	nknown				
1S. WAS DECEASED EN	VER IN U. S. ARMED FOR	service)		17. INFC				dress	Maria La	
		ur	ıknown	Da	vis Fune	ral Home	Bosto	n, Mass.	•	
Conditions, if gove rise to couse (o), statin lying couse los	immediate DUE TO	p C	LCUTE 1 YOCARD DRONARY	IAL	INF ATHE	ARCT ROS	lolati 10N CLEROS	Can	25	DAY
EATION ES	SSENTAL		HYPER;	TEN	USION			IVEN IN PART I	PERFOR YES T	RMED2
	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CURRED. (Enter noture of inju	ury in Port I or P	ort II of item IB.)			
20c. TIME OF INJU Hour a. m p. m	1.	While of work	Not while	foctor	OF INJURY (Homey, street, office bld	e, form, 20f. (C lg., etc.)	ity or town)	(Cou	nty)	(State)
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	decease L. 19.		death as		CALM, fro	am the causes (Street, city or town)	and an the	date state	
220. BURIAL, CREMAT	ION, 22b. DATE THEREG	OF	22c. NAME OF CEMET			22d. LOC	CATION (City, town,	or county)	(Stote)
Burial (Specif	7/24/19	59	Riverside	Ceme	tery	Sa	augus		Mass.	
23 FUNERAL DIRECTO Suter-Rous	or's signature zer Funeral	Home	ADDRESS Hagerstown	n, Md		REC'D BY REG		lun S. Kia		

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31 Que in a ton lower Hageritten River Statement Com from Columnus Hawkington prus July 21. male mit . 27 . 27 . 12 . 12 . 12 . 12 . 12 to Sall I takk and objects lecite Carrier Failur . Excel. General Selencois 20: 59 Fed: 29 5/0,357 421, 59 Edwid Burn Clear Hering Med The 19 David R. Brewer

TO FUNERA ECT page 3 shower be d the registrar prior t

VS A15 (4) 15M 9/55

TO HOSPITAL OR

"he funeral director, should be filed with hin 24 haurs after death. Page 4 CIAN: The law requires that the death certificate be executed ending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	843	35	CERTIFIC	CATE OF DEATI	Н		Reg. Dist. N	No.
o. COUNTY	ington		MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	here deceased	b. COUNTY	n: Residence be	
b. CITY OR TOW	'N (If outside corporate lin	nits, write	c. LENGTH OF STAY IN 11		outside corpor			
Hagerst	oron		60vrs	Hagerstown	03			
d. NAME OF HO	SPITAL (If not in hospital, ON	give street o	oddress)	d. STREET ADDRESS	1			e. IS RESIDENCE ON A FARM?
	And A. M.	415		127 E. Lee	Street			YES NO
3. NAME OF DECEASED (Type or print)	Earl	irst	Middle Dewey	Jones	4. DATE OF DEATH	July	h 5	Day Year 19 59
. SEX		7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	1.135	9. AGE (In years lost birthday)		AR IF UNDER 24 HRS
Male	White	WIDOWE	D DIVORCED	Dec.5. 1898		60 yrs.	Months Day:	Hours Min.
Do. USUAL OCCUP		done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stote	or foreign co	untry)	12. CITIZEN	OF WHAT COUNTR
Railroad	Employee		R.R.	Maryland	1		U.S	
3. FATHER'S NAME				14. MOTHER'S MAIDEN				
	Alvey Jones	1.55		Anne Sevi	lle Bo	yer		
5. WAS DECEASED	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17	. INFORMANT		Addre	255	
No			17-07-9300	Catherine V.	Jones	127 E. I	ee St.	Hagerstow
IB. CAUSE OF	DEATH [Enter only one of	ouse per lin	e for (o), (b), and (c).]					NTERVAL BETWEEND
PART I.	DEATH WAS CAUSED BY:	in) Re	spiratory ins	ufficency			0	24 hrs.
162.1	DUE TO							8 months
Conditions, i	if any, which)	D.	anahamania a	madmana adalah		and dela ma	44 - 4	o months
gove rise to	o immediate (al metastasis	rcinoma, right	Tung,	WILD Me	ILASI-	
lying couse to	ing the under-	o in	al metastasis	5				
PART II.	OTHER SIGNIFICANT CO	NDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO.
20a. ACCIDENT	WAS UNDERLYING TING CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Port I or Port	II of item 18.)		7.0 %
20c. TIME OF IN Hour a. p.	J1.	While	Not white of work	FLACE OF INJURY (Home, farn foctory, street, office bldg., etc	n, 20f. (City	or town)	(Count	ty) (Stote
21. I certify	that I attended the	e decease	ed from 20	, 19 <u>58</u> , to_J ₁	177 5	19 50	that I last	saw the deceas
alive an	T7 E			th accurred at 10:31				
	out of	- /	ior 1		ADDRESS (Str	eet, city or town, s	tole)	DATE SIGN
ACTUAL SIGNATURE	John 1	X. C	Trehue	M.D				pelys, 1.
PHYSICIAN'S NAME (Type)		- M)	- 1-93		AL	**	
REMOVAL (Special)	ATION, 226. DATE THERE	OF 1050	22c. NAME OF CEMETERY	OR CREMATORY CENIETERY	228 LOCATI	ON (City, town, o	r county)	(Stote)
3. FUNERAL DIRECT	TOR'S SIGNATURE	1.01	ADDRESS		D BY REGISTE		TRAR'S SIGNAT	TURE
M. F	N 10,0	1	BEANSBO	d et a	DL 8	0	vinua & #	
) mace	110 80 11300	1	1250115100	OKO XIII DATE		-	The forman	0 - 4 8130

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VS A1S (4) 15M 9/S5

	1. PLACE OF a. COUN
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8436

CERTIFICATE OF DEATH

118424 302 Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Washing	ton		MAI	YLAND	0. S	AL RESIDENCE INTE		-	lived. If insti		sidence befo	re odmission	1)
1	b. CITY OR TOWN (IF RURAL and give need	autside carporote limi arest tawn)	ts, write	c. LENGTH OF STA			ITY OR TOW	N (If outs		ote limits, writ	RURAL	ond give ne	arest tawn)	
	d. NAME OF HOSPITA OR INSTITUTION MATTIN	rstown AL (If not in haspital, g Manor	give street	2 Mo	8		Hage: TREET ADDRI D2 Ma	ESS		st			e. IS RESID ON A F	ARM?
	3. NAME OF DECEASED (Type or print)	ELLIK	'st	NMN		PLA	Last N	1	OF DEATH	July	Manth 18 I	1959	y Ye.	
	s. sex Male	6. COLOR OR RACE White	7. MARR	IED NEVER MARI		Jun	of BIRTH	187		RAGE (In year last birthday	rs IF UN Mani	DER 1 YEAR	IF UNDER Hours	24 HRS. Min.
	10a. USUAL OCCUPATIO during mast of warki Tailor	N (Give kind af warking life, even if retired	done 10b.	KIND OF BUSINESS Retire	OR INDUS			(State or	-		12.	CITIZEN C		OUNTRY?
	13. FATHER'S NAME Labin K	aplan				14. M	Mary			cord)				B
1	15. WAS DECEASED EVER	IN U. S. ARMED FOR		social security N		NFORMA	NT oldie	Kaj	plan		ddress M&r	shall	St	
	PART I. DEAT 331X Conditions, if an gove rise to in cause (a), stating I lying cause lost.	mediate ((a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Cerely		/ax	ersto	w	AL DISEASE	Cold	GIVEN IN	ON	ERVAL BETV SET AND D 3 40	EATH WTHS
	PART II. OTH 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I) 7 20c. TIME OF INJURY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Ye		CRIBE HOW INJURY	20e. PL/	ACE OF I	NJURY (Home	e, form.	rt 1 ar Port			(County)	YES 🗍	
	Haur o.m.	at I atjended the	While at wor	Nat while at wark at wark at wark	1-3	tary, stre	et, affice bld	g., etc.)	2 — / . M, fram		s and a	it I last s	aw the d	eceased
	270. BURIAL, CREMATION REMOVAL (Specify) BUT 1a.1	7/20/5		22c. NAME OF CE B Na.1 A						ON (City, tow			(State)	
	23. FUNERAL DIRECTOR'S Andrew K.		Hag	ADDRESS ers town	Md.			REC'D	BY REGISTE 21 '59		GISTRAR.	skidkym	DE	

following and affine processors are not substituted by the terminal most and in a contract of treat the control of district the control of the co And Perfect Contracted and an extension of contracted to

Page 4

TO FUNERAL TO HOSPITAL VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8437 **CERTIFICATE OF DEATH** Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Wa	shington		MARYLAND		STATE Maryl		b. COUNTYWE		
Hagers to	(If outside corporate limi nearest town)	ts, write	c. LENGTH OF STAY IN 16 2 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **Williamsport** RFD #2					
OD INICITITION	TAL (If not in hospital, gon County			d. STREET ADDRESS Pinesburg e. IS RESIDER ON A FAI YES N					
3. NAME OF DECEASED (Type or print)	Minni		Middle Bell	Ke	eney	4. DATE OF DEATH	July	15	Day Year 19 59
5. SEX Female	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED DIVORCED		re of BIRTH	894		Mosths Doy:	AR IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work or king life, even if retired	done 10b. I	KIND OF BUSINESS OR INDU			or foreign cou	ntry)	12.CITIZEN	S. A
13. FATHER'S NAME				14.	MOTHER'S MAIDEN				
	Jacob Wetz					tina Si			
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of so	ervice)		INFORM	James Le	eslie	Keeney	illian RFD #2	asport Mo
Conditions, if a gove rise to couse (o), stoting lying couse lost.	the under-	- (0)	T- seleni	ne	Mean.	2 Mi	aire	,	1437
PART II. OT 20g. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF)	THER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DEATH BU	JT NOT I	RELATED TO THE TERM	NINAL DISEASE	CONDITION GIVEN	N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Ent	er noture of injury in	Port I or Port I	l of item 18.)		
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yes	While			F INJURY (Home, forn treet, office bldg., etc		r town)	(Count	y) (Stote
21. I certify (alive an	hat I attended the	decease , 195		h acci	, 1954 , to) urred at 9.46/			an the da	the decease stated above DATE SIGNE
PHYSICIAN'S NAME (Type)	51811	FY	NOV	EI	YSTE	IN	/		
220. BURIAL, CREMATIC BENOVAL (Specify	July 18	B-59	Rockyhill	~	etery		ON (City, town, or Woodsbo		(Stote) ryland
23. FUNERAL DIRECTOR	O'SIGNATURE S	1/2	ADDRESS LLIA	MSF	240. REC	D BY REGISTRA		RAR'S SIGNAT	

But the state of t Se dell communitation and the second second second And the same of th After entirities and the formation of the second in the come of a land at the other and the same of the Market of the transfer of the state of the s Paterio legis e la la Paterio de la Constantia de la Cons

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e. IS RESIDENCE ON A FARM? YES NO

eased lived. If institution: Residence before admission)

	CERTIFIC	ATE OF DEA	ATH	Reg. Dist. No.			
1. PLACE OF DEATH o. COUNTY Washi	ngton	MARYLAND	2. USUAL RESIDENCE o. STATE Mary	(Where deceased liveraged liveraged)	L COUNTY	esidence before o	
b. CITY OR TOWN (If out BURAL ond give nearest Hager stow	town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside carporot	e limits, write RURAL		
OR INSTITUTION	not in hospital, give street of County Hos	pital	d. STREET ADDRE			(S RESI
3. NAME OF DECEASED (Type or print)	First Baby	Middle Boy	Kendall	4. DATE OF DEATH	July	I8 I	959
5. SEX 6. 6	COLOR OR RACE 7. MARRI	ED T NEVER MARRIED T	B. DATE OF BIRTH	9.	AGE (In years IFU	NDER 1 YEAR IF	UNDE

20d. INJURY OCCURRED

10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]

DUE TO

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I

Kendall

Saby Boy	Kendall	OF DEATH	July		81	1959	3
7. MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	-		IF UNDE	
WIDOWED DIVORCED	July 18.195	9	yrs.	Months	Doys	Haurs	Min.
done 10b. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY
	Hagerston	m					
	14. MOTHER'S MAIDEN N						
dall	Olive M.	Bo	wman				
	INFORMANT		Add	ress			
	yde R. Kends	11 8	mithabu	rè	MD		
use per line for (a), (b), and (c).]					INT	ERVAL BET	WEEN
Pulmonary Ata	lectasis					O mi	
					12	O Mi	n.
Hyaline Membr	ane Syndrome						
		1.55					
				/=			
DITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMIN	AL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(o) 1	9. WAS A	
Congenital Defe	ects						NO 🗔
20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in P	ort 1 or Por	t II af item 18.)				

While Nat while at work 21. I certify that I attended the deceased from.___

and that death accurred at 2:05P.M., from the causes and on the date stated above.

20e. PLACE OF INJURY (Home, farm, 20f. (City or town)

foctory, street, affice bldg., etc.)

. 1959 that I last saw the deceased

(County)

DATE SIGNED

(Stote)

SIGNATURE

REMOVAL (Specify)

Male

13. FATHER'S NAME

Clyde

Canditians, if any, which gave rise to immediate

couse (a), stoting the underlying couse lost.

20c. TIME OF INJURY Month.

Hour a. ft.

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

IS. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6)

220. BURIAL CREMATION, 226. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY easant Valley U.B.Cem | Smithsburg.R.D.

22d. LOCATION (City, town, or county)

ADDRESS (Street, city or town, state)

(Stote) Md

MEDICAL

23. PUNERAL DIRECTOR'S SIGNATURE Raymond E. Creager

ADDRESS Thurmont

24o. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE Circhay & Krous

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death certificate be exec	:	frending physician and co	please remays carbon po	within 72 hours after deat
at the	-	The c	Then	event
CIAN: The low requires tho	of Offending physician.	certificate has been signed by	e as the burial-transit permit.	atian, ar removal, and in ony e
TO HOSPITAL OR ATTENDING PICTIAN: The low requires that the death certificate be exec	may be read by the haspital or Ottending physician.	O PUNEKAL DIKECIOK: After this	page 3 should be detached for use as the burial-transit permit. Then please remayarea bon po	the registrar prior ta burial, crematian, ar removal, and in ony event within 72 hours after deat

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEPTIFICATE OF DEATH

		8	478	CEKTIFICA	AIE OF D	EAIL			Reg. Dist	No.				
'n.	PLACE OF DEATH O. COUNTY WASHIN	NGTON		MARYLAND	a. STATE	D.	ere deceased	l lived. If instituti b. COUNTY		befare adm	issian)			
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give RURAL and give nearest tawn) c. CITY OR TOWN (If autside carporate limits, write RURAL and give									ve nearest ta	wn)			
	RURAL CLI	EAR SPRIM		5 YEARS	X RURA	L CLI	EAR S	PRING						
	d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION ST. PAULS ROAD			ss)	ST. PAULS ROAD			AD			A FARM?			
	NAME OF DECEASED (Type or print)		irst ARY	Middle JANE	KING		4. DATE OF DEATH	Moi	nth]	Day	Yeor 1959			
F]	SEX EMALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH		368	9. AGE (In years last birthdoy) yrs.	Manths E	YEAR IF UN Days Hour	-			
	OUSEWORK	N (Give kind of work ng life, even if retired	done 10b. KIND OWN	OF BUSINESS OR INDU	PEN		ar foreign co	ountry)		S.A.	COUNTRY			
3.	FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME	131.			9-3			
	HENRY TOS	STEN			ELIZA	BETH	HOOV	ER						
	WAS DECEASED EVER	R IN U. S. ARMED FO If yes, give wor or dates of	service!		INFORMANT QUINTER	KINO	3 C	LEAR SI	PRING,	MD.				
	18. CAUSE OF DEATH [Enter anly one cause per line far (o), (b), and (c).]									INTERVAL BETWEEN				
	PART I. DEAT	TH WAS CAUSED BY:	ARTE	ERIOSCLERO	OTIC HEA	ART D	DISEA	SE		UNKN	AS AUTOPSY RFORMED2			
	420.0	DUE TO												
	Canditians, if on	y, which)	h1											
	gove rise to in	nmediote (DUE TO	ь)		70	5077					A FARM? Yeor 1959 DER 24 HRS Min. COUNTRY BETWEEN D DEATH DWN (Stoke			
	lying cause lost.	couse (a), stating the under-												
2	PART II. OTH	ER SIGNIFICANT CON	NDITIONS CONTI	RIBUTING TO DEATH BU	T NOT RELATED TO	THETERMIN	VAL DISEASE	CONDITION GI	VEN IN PART	1(a) 19. WA	S AUTOPSY			
CATION	ANE	URYSM OF	THE ABDO	MINAL AORTA						YES [
CERTIFIC	20d. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	I. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTING CAUSE OF THE CAUSE OF												
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye		Not while fc	ACE OF INJURY (History, street, affice	lame, farm, bldg., etc.	20f. (City	or town)	(Co	iunty)	(Stote			
	21. I certify the	21. I certify that I attended the deceased fram MANCH 26, 1959 to JULY 14, 1959 19, that I last saw the decease												
		7 . 0						reet, city ar tawn,			ATE SIGNE			
	ACTUAL SIGNATURE	ACTUAL VI. D. D. D. D. D. C.												
	PHYSICIAN'S NAME (Type)	ARCHIE ROB	BERT COH	EN, M.D.	CLEAR	SPRIN	G, MAI	RYLAND	JULY	14, 1959)			
22a.	BURIAL, CREMATION	V, 22b. DATE THERE	OF 22c	NAME OF CEMETERY C	OR CREMATORY		22d. LOCAT	ION (City, tawn,	or caunty)	(Si	ate)			
B	REMOVAL (Specify)	7/16/3	59 S	T. PAULS	CEMETER	Y	CI	EAR SPE	RING. N	ID.				
	FUNERAL PIRECTOR'S	SIGNATURENT	,	ADDRESS		24a. REC'E	BY REGIST		STRAR'S SIGI					
	JOHN F.	CLARK	CLEAR	SPRING, MI		DATE	20'59	Car	Lun & the	Acres				

SATE CERTIFICATE OF DEATH A No. of the Control

	Transfer of Section 1	
THE RESERVE OF STREET		
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CERTIFI

		MENT OF HEALTH—BALTIMORE, 18 (18429)
8440	CERTIFICA	ATE OF DEATH Reg. Dist. No.
ton	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Washington
corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) A Hagerstown
in hospital, give street ounty Hos		d. STREET ADDRESS 206 W. Irvin Ave. o. Is RESIDENCE ON A FARM? YES \(\sqrt{NO} \) NO (4)
First 1en OR OR RACE 7. MARF	RIED NEVER MARRIED	Lost A. DATE of BIRTH B. DATE OF BIRTH March 22, 1913 A. DATE OF BIRTH PARCE (In years lost birthday) A. AGE (In years lost birthday) Amonths Days Hours Min.
even if retired)	KIND OF BUSINESS OR INDU	Jefferson Co. W. Va. 12. CITIZEN OF WHAT COUNTRY?
ink		Jessie Mohler
war or dates of service) 16.		s. Louise S. Link Hagerstown Md.
CAUSED BY: ATE CAUSE (a) DUE TO		ma of colon Interval Between ONSET AND DEATH Uncertains - 7 3 - 4 and 19 grano

D HOSPITAL OR ATTENDING PH IIAN: The law requires that the death certificate be executed who ye refull by the haspital or dilending physician.

D FUNERAL EXECTOR: After this certificate has been signed by the attending physician and completel page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Petre registrar priar to burial, cremation, ar removal, and in any event within 72 hadrs after death.

TO HO	TO FUN	page
	A15 (

h. Place of DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Hagerstown
d. NAME OF HOSPITAL (If nat in hospital, give street address) OR (NSTITUTION Washington County Hospital	/d. STREET ADDRESS 206 W. Irvin Ave. o. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) Vaughen Harwood L.	ink 4. DATE Manth Day Year OF DEATH July 26 1959
***	B. DATE OF BIRTH March 22, 1913 9. AGE (In years lest birthday) 46 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind af wark done dwing most of working life, even if retired) Medicine	Jefferson Co. W. Va.
13. FATHER'S NAME	Jessie Mohler
Elbert V. Link 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	NFORMANT Address
Yes, no, or unknown! Iff yes, give war or dates of service)	s. Louise S. Link Hagerstown Md.
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40. P.D. Hour a. m. While Not while of work at wark	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) 20f. (City or town) (Caunty) (Stote)
ACTUAL SIGNATURE John John Galiz	18, 19.13, to 7 - 26, 19.17, that I last saw the deceased accurred at 7 R. M., from the causes and on the date stated obove. ADDRESS (Street, city or town, state) DATE SIGNED M.D. 154 W. Washington St.
PHYSICIAN'S NAME (Type) Dr. John H. Hornbaker 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, Tawn, or county) (State)
REMOVAL (Specify) Burial 7-29-59 Elmwood Ceme	
23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Son Hagerstown	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 3 '59 Arthur L. Kraus

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	to Erick etters	Mark V. Make
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8442

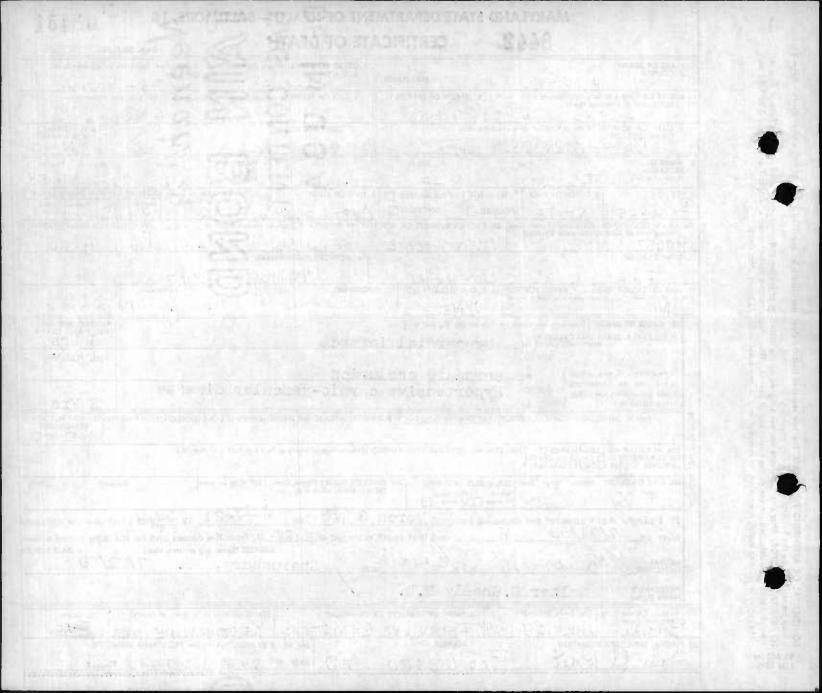
08431

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)
WASHINGTON MARYLAND	O. STATE B. COUNTY NASHI	NGTKK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	re nearest town)
HAGERSTOWN 11/4 HRS	X KEEDVIVILLE - RI	17 61
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE
MASHINGTON COLHOSPITAL	KEEDUSVILLE MD. RI	ON A FARM?
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Yeor
(Type or print) FLOSSIE MAE	LONG DEATH COULY - 2	1- 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 last birthdoy) Months D	
TEMALE WHITE WIDOWED DIVORCED	Oct-6-1896 (2 yrs. 9	Ays Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZ	EN OF WHAT COUNTRY
HOUSE WIFE OWN HOME	KEEDYSVILLE WASH, CO. MO	1. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
FRANKLIN CLOPPER	NANCY FRUE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT	
NO NONE CO	HN IN LONG SR. PEEDYSVILL	E MD.K.I
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Myocardial i	nfarct	6 Hrs
420.1 DUE TO		1 day
Conditions, if ony, which) (b) COPODARY OCCL	usion	
gave rise to immediate couse (a), stating the under. DUE TO Hypertensive	cardio-vascular disease	
lying couse lost. (c)		2 Yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	1(o) 19. WAS AUTOPSY PERFORMED?
3		YES NO
OR CONTRIBUTING CAUSE OF DEATH	D. (Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to PL While Not while	ACE OF INJURY (Home, form, 20f. (City or town) (Coctory, street, office bldg., etc.)	unty) (Stote)
p. m. 19 of work of work		
21. I certify that I attended the deceased fram March	3, 1958, to July 21, 19 59, that I la	st saw the deceased
alive an 7/21/59 , 19 , and that death	accurred at 11.15P-M, from the causes and on the	
71618 11 Ch te	ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE // SIGNATURE	M.D.) Sharpsburg, Md. 7/2	2/59
PHYSICIAN'S Walter H. Shealy M.D.		
NAME (Type) Walter n. Sileary W. D.	/	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
BURIAL JULY 24 1989 FAIRVIEW	CEMETERY KEEDISVILLE NO	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. RÉC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGN	IATURE
John H 19aut 1200NSBORD	MD. DATE JUL 29'59 CATLUM 8	Kraus

VS A15 (4) 1SM 10/57



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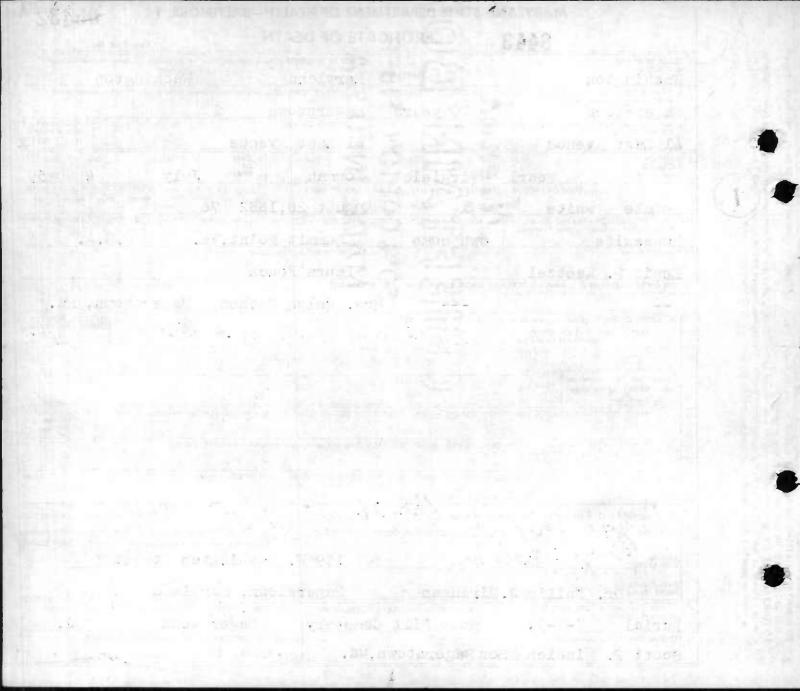
CERTIFICATE OF DEATH

Rea. Dist. No.

1		0 2 -									1011 1101		
	PLACE OF DEATH O. COUNTY Washingt	On		MARY		2. USUAL RESID a. STATE Maryla:	~	here deceased	d lived. If institu b. COUNT			re admis	sian)
		If autside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b			autside carpo	rate limits, write			rest taw	n)
	Hagersto			70 year	s	Hagers	town	1	03				
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g	ive street	address)		d. STREET AC			1				FARM?
	41 East	Avenue				41 Has	t Av	renue				YES L] NO □K
	NAME OF DECEASED (Type ar print)	Fir Pear		Middle Virginia		Lowman		4. DATE OF DEATH	July	inth .	Da	y 4	Year 1959
5. 9	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE		DATE OF BIRTH		1.0	9. AGE (In years last birthday)		R 1 YEAR	IF UND	ER 24 HRS.
	Female	white	WIDOW	ED DIVORCE	D A	ugust	28,1	882	76 yrs		50,5		
	during most of war	ON (Give kind of work of king life, even if retired)		R INDUST								COUNTRY?
	Housewif	е	1 1	own home		14. MOTHER'S		Point	, va.	1 0	.S. A	7.0	
	Lewis P.	Kaetzel				Laura	Fou	ich					
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INI	FORMANT			Ad	dress			
(Yes	s, no, or unknown)	(If yes, give war or dates of s	ervice)		Mr	s. Ral	ph C	Cusher	n Hag	erst	own.	Md	
Z	Canditions, if a gave rise to it cause (a), stating lying cause last.	the <u>under-</u> DUE TO)	THE TOTAL STATE OF THE STATE OF		or Cor			as trac		DT 1/-3 3	2 0	AUTORSY
CATIO	PART II. OI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	KIH BUI N	IOT RELATED TO	IMETERM	IINAL DISEAS	E CONDITION G	IVEN IN PA	iki i(a) i	PERFO	RMED?
CERTIFICATION	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OF	CCURRED.	(Enter nature of	injury in	Part I ar Par	t II af item 18.)				
MEDICAL	20c. TIME OF INJUI Haur a.m. p. m.	RY Manth, Day, Yes	20d. I While at war	Nat while		CE OF INJURY (Harry, street, affice			ar town)		(County)		(State)
	21. I certify the alive an Actual SIGNATURE PHYSICIAN'S NAME (Type) DY	ndt I attended the	Plus	r.	death o	.D	W. W	ADDRESS (S	the causes a treet, city or town ngton S	tree	ne date	stated	
22a	BURIAL, CREMATIC	ON, 226. DATE THEREC		22c. NAME OF CEME	TERY OR				TION (City, tawn			(Sta	te)
	Burial	7-7-59		Rose Hil	1 Ce	metery		Hage	erstown	7-5-		Md.	
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			24a. REC	D BY REGIST	TRAR 24b. REC	SISTRAR'S S	IGNATU	RE	144
	Scott F.	Minnich	&S0	n Hagersto	own,	Md.	DATE	JUL 9	'59	Tulling.	8. Ke	4	

he funeral director, 2'should be filed with O HOSPITAL OR ATTENDING PH JAN: The law requires that the death certificate be executed with the may be refully by the hospital and cheating physician.
O FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carban paper Pages 1 and the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PH may be ref by the hospital of TO FUNERAL RECTOR: After this VS A15 (4) 15M 9/58

24 hours ofter death. Page 4

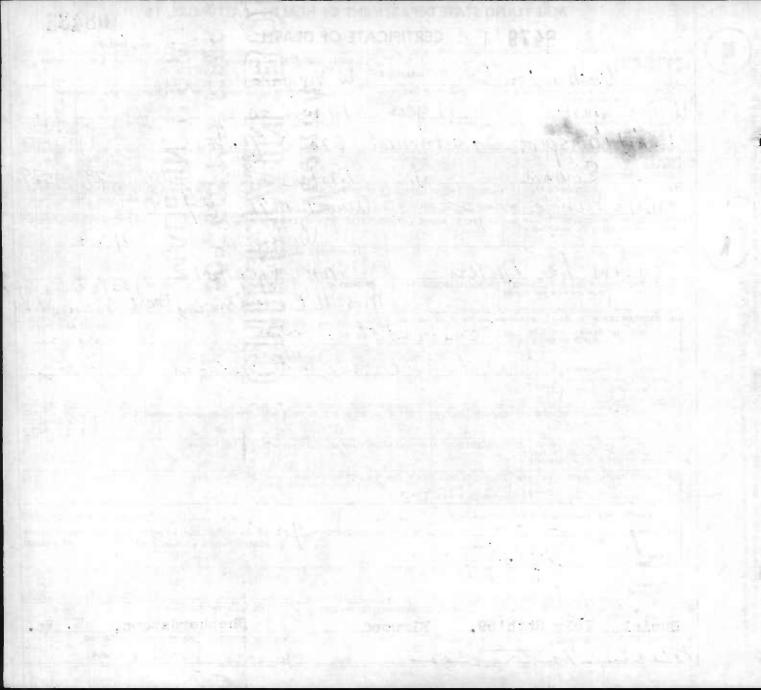


AN: The low requires that the death certificate be executed TO HOSPITAL

VS A15 (4) 15M 9/5B

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1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resid	ence before admission)
b. CITY OR TOWN (If autside carporale limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL an	d aire aggret town)
RURALIONO give necrest town) 11 11 4ears.	Martins has	5 x - 3
d. NAME OF HOSPITAL (If nat in haspital, give stree-paddress) or institution	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle	last 4 DATE Manth	
DECEASED (Type or print) Edward	Molen DEATH GRELLY.	23 195°
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (in years) F UND	ER 1 YEAR AF UNDER 24 HA
male white WIDOWED DIVORCED [wa, 7, 187/ Striphday) (Month:	Days Haurs Min.
10a, USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)	Y 11. ARTHPLACE (State or fareign country) 12.0	ITIZEN OF WHAT COUNTRY
	Williginia	USA,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INF	ORMANT Address i	201/28 8
(Yes, no, or unknown) (If yes, give war or dates of service)	15. U. C. Faulkner Mart	water a Weske
1B. CAUSE OF DEATH [Enter anly one couse per line far (o), (b), and (c).]	1	INTERVALBETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	centrais	ONSET AND DEATH
330X DUE TO	, /	1
Conditions it new which \ (1 Attai Oil)	n's Henroleid	Vilen
gove rise to immediate QUISTO		1
lying cause last.		1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART 1(a) 19. WAS AUTOPS
T I		PERFORMED?
200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Part I ar Part II of item 1B.)	
	E OF INJURY (Hame, farm, 20f. (City or town)	(County) (State
Haur a.m. P. m. 19 at work at work of two	ry, street, office bldg., etc.)	
21. I certify that I attended the deceased from.	, 19, ta, 19,that I	last saw the decease
alive an, 19, and that death a	M A F	
On H	ADDRESS (Street, city or town, state)	DATE SIGNE
ACTUAL SIGNATURE M.	D	
PHYSICIAN'S NAME (Type)		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	REMATORY 22d. LOCATION (City, town, or county	(State)
Burial July 25th 59 Elmwood	Shepherdstown	949
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S	
melin / De gan	DATELL 20'59 arthur S.	Kraus



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VS A15 (4)

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ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18	
3444	CERTIFICATE	OF DEATH		

118434

Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Washington Md. Wash. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) 5 days Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 880 Virginia Ave. Wash. Co. Hospital YES NO A NAME OF Middle 4. DATE Last Manth Year DECEASED Earl 59 Tra 0ver (Type or print) DEATH 19 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday)
72 yrs IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH Manths Days Hours WIDOWED DIVORCED [white male 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) USA Wash. Co. iewelry engraver retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Hagerstown. Md. 220-10-3022 Mrs. Anna Over no 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) MEDICAL 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) Hour o m Not while of work of work 1959, to TU ... 19 27 that I last saw the deceased 21. I certify that I attended the deceased fram tul and that death accurred at 6 P _M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION, 22b. DAJE THEREOF LOCATION (City, town, ar county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOYAL (Specify) Md. Hagerstown 7-25-59 Rest Haven burial 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR arthur & Kraus Hagerstown, Md. DATE JUL 2 7 '59 Fred W. Kraiss

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VS A15 (4) 15M 10/57 HAGERSTOWN

MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE	, 18

8445 CERTIFICATE OF DEATH

08435

Reg. Dist. No.

1, PLACE OF DEATH o. COUNTY	MARYLAND MARYLA	SUAL RESI	DENCE (WI	nere deceased		TY		V				
b. CITY OR TOWN (IF		ate limits, write	RURAL and	+/// Co	TO A/							
1					1) -						g.r.c	,
d. NAME OF HOSPITA		MARYLAND Orote limits, write C. LENGTH OF STAY IN 1b C. C. A Ospital, give street oddress) A HOSPITAL First Middle PRACE THOMAS FIRST MIDOWED DIVORCED OF WORK done 10b. KIND OF BUSINESS OR INDUSTRY 11 NONE 14. N MED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA 18. DATE 19. OR TO TYLA A C. MED FORCES? 10 NOT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE MINER) DOY, Year 20b. DESCRIBE HOW INJURY OCCURRED. (Enter DEATH MINER) DOY, Year 20d. INJURY OCCURRED While 19 of work of twhile 19 of work of twhile 19 of work of two work 19 of Work 10 NOT WORK 11 NOT WORK 12 NOT WORK 13 NOT WORK 14 NOT WORK 15 NOT WORK 16 NOT WORK 17 NOT WORK 18 NOT WORK 19 OF CEMETERY OR CREMA M.D. 11 NOT WORK 12 NOT WORK 13 NOT WORK 14 NOT WORK 15 NOT WORK 16 NOT WORK 17 NOT WORK 18 NOT WORK 18 NOT WORK 19 OF CEMETERY 18 NOT WORK 19 OF CEMETERY 19 OF CEMETERY 19 OF CEMETERY 10 NOT WORK 11 NOT WORK 11 NOT WORK 12 NOT WORK 13 NOT WORK 14 NOT WORK 15 NOT WORK 16 NOT WORK 17 NOT WORK 18 NOT WORK 18 NOT WORK 19 OF CEMETERS 18 NOT WORK 19 OF CEMETERS 19 OF CEMETERS 10 NOT WORK	. STREET		S.KS.D	NAM		e.	IS RESIDENCE			
1001 35110	11 0-	-lec	MARYLAND OF STAY IN 16 Street oddress) Middle MARRIED NEVER MARRIED 8. DAT DOWED DIVORCED 11. 10. KIND OF BUSINESS OR INDUSTRY 1 NONE 14. 16. SOCIAL SECURITY NO. 17. INFORM Per lige for (a), (b), and (c). Per lige for (a), (b), and (c). ONS CONTRIBUTING TO DEATH BUT NOT R DESCRIBE HOW INJURY OCCURRED. (Enterlight work of work o		h (a	4.50				ON A FARM?		
	F:-	Corporate limits, write c. LENGTH OF STAY IN 16 with hospital, give street address) First Middle OR OR RACE 7. MARRIED NEVER MARRIED DIVORCED NIVORCED NIV	D			7						
DECEASED (Type or print)	7	,	-	I	11			OF	J131	lanth	Day	Year 19 S
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARR	IED 🔲	8. DAT				9. AGE (In year			F UNDER 24 HR
MALE	WHITE	WIDOWE	D DIVORC	ED 🔲	Ju	1 V-1	9-19	102			Doys	Hours Min.
100. USUAL OCCUPATIO	MARYLAND O. STATE If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY of the corest flown) TAL (If not in hospital, give street oddress) AL (1. BIRTHPI	LACE (State	ar fareign co	untry)	12. C	ITIZEN OF	WHAT COUNT				
No		300	NOME			CITY OR TOWN (It outside carporate limits, write RURAL and give nearest lawn) HACEKSTONY A. STREET ADDRESS CITY OR TOWN (It outside carporate limits, write RURAL and give nearest lawn) HACEKSTONY HACEKSTONY A. STREET ADDRESS C. IS RESIDEN ON A FAR YES ON A F	DA					
13. FATHER'S NAME					14.				11.11		- DINA	- 12/3
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21. I certify the	at I attended the	decease	d from June	Le _ L	2	1959	, to	July !	2 195	7.that 1	last say	v the decea
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	7 4		,									DATE SIGN
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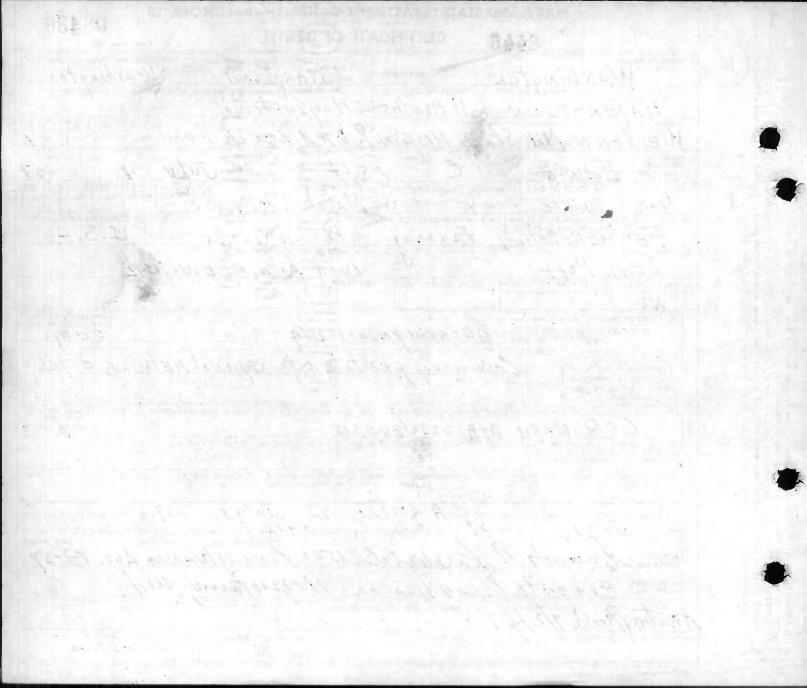
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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
8447	CERTIFICATE	OF	DEATH	Re

118437 Rea. Dist. No.

- 1											
	o. COUNTY Wash	OR TOWN (If outside corporate limits, write and give nearest lown) De of HOSPITAL (If not in hospital, give street address) STITUUDN COLOR OR RACE First Middle First Middle First Middle Mi	RYLAND	2. USUAL RESI	land	ere deceased	shingto	on: Residence	before adm	ission)	
1	b. CITY OR TOWN (If RURAL and give new	outside corporate limits, wri prest town)			-			te limits, write RI	URAL and giv	re nearest to	wn)
				ys			stown				
	d. NAME OF HOSPITA OR INSTITUTION Wash.				d. STREET A		ood D	rive		ON	A FARM?
T	3. NAME OF	First	Mide	lle	los	1	4. DATE	Mon	th	Doy	Yeor
1	(Type or print)	LOUIS	NMN	I	POLLACE	2	OF DEATH	July	9 19		19
Ī	5. SEX	6. COLOR OR RACE 7. M	ARRIETT NEVER MAR	RIED [8	DATE OF BIRT	Н	9	. AGE (In years	IF UNDER 1		
1	Male				Jany 19	190		lost birthdoy) 59 yrs.	Months D	oys Hour	s Min.
I	10a. USUAL OCCUPATIO	N (Give kind of work done	10b. KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPL	ACE (Stole o	or foreign cou	ntry)	12. CITIZ	EN OF WHA	AT COUNTRY?
	Manager	Eyerlys	Shoe Dept		Lond	ion E	nglan	d	1	USA	
I	13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				
1	David	Pollack			Fe	nnie	(No	Record)		
Ī	S. WAS DECEASED EVER	IN U. S. ARMED FORCES?	16. SOCIAL SECURITY N	IO. 17. IN	FORMANT			Addr	ess		
	No	 1	57-12-512	4 Mr	s Grac	e R.	Poll	ack 110	Dog	rood	Dr.
	1B. CAUSE OF DEAT	TH [Enter only one cause po	er line for (o), (b), and (own M			INTERVAL	BETWEEN
1	PART I. DEAT	H WAS CAUSED BY:	icute (PC	ma	white					DNSET AN	
1	587.0	/1			1		0		, -		-10)
1			mary occ	been	- old d	we to	artos	claritie,	Hears D	-	
			1	011	. /	1	`.			0 4	- 17.
1	lying couse lost.	(c)	icute. "	ph	roses (Dele	rip	brose	2/	July	(- 4)
	PART II. OTHI	ER SIGNIFICANT CONDITION	NS CONTRIBUTING TO D	EATH BUT N	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. WA	S AUTOPSY ORMED?
	3 Chronice	islegatite c Ch	olelithrass	c jan	where &	furge	ry or	ly 3-19.	53		NO
- 1	(IF EITHER, NOTIFY A	UNDÉŘLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY	OCCURRED	. (Enter nature o	f injuryvin P	ort or Port I	l of item 18.)			
	Hour o.m.	WI WI	hile Not while	20e. PLA	CE OF INJURY (I ory, street, office	Home, form, e bldg., etc.)	20f. (City o	r town)	(Co	unty)	(Stote)
1	21. I certify the	it I attended the dece	eased fram	in ac	19.58	to	hules	9 1059	that I la	st saw th	e deceased
ı	alive an	les 6 1	.~. //	at death	accurred at	11:459	M fram	the causes a			
1) !!	/-		-			et, city or town, :			DATE SIGNED
L	ACTUAL	when h	ones	Cer	LD.	Tre	sko f	vior	m	'	7-9-53
	PHYSICIAN'S NAME (Type)	SIDNEY	NOVEN	STE	EIN						dd.
-	220. BURIAL CREMATION	, 226. DATE THEREOF	22c. NAME OF CE	METERY OR	CREMATORY		22d. LOCATIO	ON (City, town, o	r county)	(St	ote)
	Burial (Specify)	7/10/59	B'Nai Ab	raho	m Ceme			Hagers			
2	3. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS				BY REGISTRA	R 24b. REGIS	TRAR'S SIGN	ATURE	
	Andrew K	. Coffman H	lagerstown	Md.		DATE JU	L 1 4 '59	Ca	Thung L.	Thank	

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Page 5 me 1 and 2 with hin 2 hours deoth. 2, and

or its designated agent, priar to burial, crematian, ar removal, and in any event with

artificate, writing ford "pending" in pencil in liem, 10. City PM3.
Invaded to the Crief Medical Examiner's Office along with form PM3.
MRECTOR: Page 3 should be used as a burial-transit permit. File pages

necessary, please

certificate should be executed within 24 hours ofter ord pending in pencil in Item, 18. Give Pages 1, Medical Examiner's Office along with form PM3. P

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

118439

OLOGMEDICAL EXAMINED'S CEPTIFICATE OF DEATH

040UMEDICAL EXAMINER.	Reg. Dist. No.
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
O. COUNTY NASHINGTON MARYLAND	O. STATE MARULAND b. COUNTY NASHINGTON
b. CITY OR TOWN (If outside corporate fimits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town)
APPLE TOWN	X TECH EAKLES MILL
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)	d. STREET ADDRESS e. IS RESIDENCE
BOONS130RO MD. 13,2.	KEEDYSYLLE MDRI VESA NO
3. NAME OF First Middle DECEASED	Lost 4. MATE Month Day Year
(Type or print) STANLEY EDWARD	REFORE DEATH CLULUS 2. 1959
	DATE OF BIRTH 9. AGE (In yours I UNDER LYEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED DY	TEB,28. 1899 (00 birthday) yrs. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during host of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
PLANTERER BUILDING	BOONSBORO WASH, CO MD. U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN S. REEDER	ANNIE MARTZ
	NFORMANT Address
(Yes, no. or unknown) (If yes, give wor or dotes of service)	MRS. LILLIAN REEDER. KEEDYSVILLE MI
118. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	
PART I, DEATH WAS CAUSED BY:	otic coronary heart disease
110	
Condition if you will be	oronary thrombosis
gove rise to immediate couse	
(o), stating the underlying DUE TO	
couse fost. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT N	FOR RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20d. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (E	YES NO
20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	inter nature of injury in Part I or Part II of item 18.)
20c, TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE factor of work of	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains desofibed abo	ve, held on Autopsy , Inspection , Inquiry , and in my
opinion death resulted from: Natural couses M. Accident [, Suicide , Homicide , Undetermined monner
1 000	
ACTUAL S. Sober 7 Wello	CHIEF MEDICAL EXAMINER (7)
SIGNATURE VI 12 002	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) S. Robert Wells, M.D.	(-2-29
	DEPUTY MEDICAL EXAMINER
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
BURIAL WILY-5-1959 LOCUST GROVI	E-WASH CO. MARYLAND
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

BODNSBORD

24a. REC'D BY REGISTRAR

JUL 8

Civiling & France

TO DEPUTY MEDICAL EXAMINER A should TO FUNERA VS. A15ME

5M 2/57

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DATE UL 1 3 '59

Orthur & Kneed

VS. A15ME(5)

5M 9/55

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	arm towns S year			
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		C. D. C. P. C.		
vj. 10				
The state of the s				

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF BEATH

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118441

	OUNT Washington MARYLAND OUNT Washington MARYLAND OUNT Washington OUN											
G. (COUNTY Washi	Ington		MARYL	AND 2.	usual Reside	ence (whe	ere deceased	l lived. If instituti b. COUNTY			sion)
b. (CITY OR TOWN (I RURAL ond give no	If outside corporate limi earest town)	its, write		N 16				rote limits, write R	URAL and giv	ve nearest tow	n)
	NAME OF HOSPIT	AL (If not in haspitol, g		address)				/II			ONA	FARM?
					ourg						YES L	NO X
DE	ME OF CEASED pe or print)		rst		f I		r	OF			77	Year 19 59
5. SEX					L 1		03		last birthdoy)			ER 24 HRS. Min.
-			1					or foreign co		12 CITIZ	ENLOS WILLS	COUNTRY
j	Cool crib	king life, even it retired	1						oni y	12. CITIZ		
13. FA					1							
	Reuben	Ridenour				Sadie	M. I	ayhof	f			
15. W/ Yes. no	AS DECEASED EVE	R IN U. S. ARMED FOR Iff yes, give war or dates of s	ervicel				ne W.	Ride			, Ma.	
	PART I. DEA 420./ Conditions, if a	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which) (b)	Corons				diova	scular	Dise	ONSET AND	DEATH
C	cause (a), stoting ying cause last.	the under- DUE TO)	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO T	HE TERMII	NAL DISEASE	CONDITION GIV	EN IN PART	PERFC	RMED?
	R CONTRIBUTING	CAUSE OF DEATH	20a. DES	CRIBE HOW INJURY OC	CURRED. (E	nter nature of	injury in P	art I or Part	11 of item 18.)			
MEDICAL	Hour a.m.		While	Not while	20e. PLACE factory	OF INJURY (He , street, office b	ome, farm, oldg., etc.	20f. (City	or town)	(Co	unty)	(State)
2	1. I certify th	at I attended the	deceas	ed from 3-1	-55	., 19,	ta	7-11-	59.19	that I la	st saw the	deceases
a	CTUAL CONATURE	7-11-59 harles 5.	19	and that	death ac	curred at.	:20]	M, fram	the causes of th	ind an the	date state	ed abave
PI	TYSICIAN'S AME (Type)	Charles	म		D.							
220. B	URIAL, CREMATIO EMOVAL (Specify) BULLAL	7/14/59	F			EMATORY						le)
23. FUI	alter	S SIGNATURE		Address Waynes	boro,	-		BY REGISTI				146
	7		*						· Liell,	1 8 H	otok .	

TO HOSPITAL OR may be refair VS A15 (4) 15M 10/57

the track and	CEMINICATE OF DEATH
	Electron College Colle
A	
	Selection of the select

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ny delay is necessary, please exe-neral director. Page 4 should be burial, crematian, 0 your file certificate should be executed within 24 hours after death. If Jany delay pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 14 neral diner's Office along with farm PM3. Page 5 may be retained a your fifter be used as a burial-transit permit. File pages 1 and 2 with the registrary cute the certificate, writing the Time 1 "pending" in pencil in Item 18. Gifarwarde the Chief Medican Examiner's Office along with form PM3.

TO DEPUTY MEDICAL EXAMINER or removal VS. A15ME(5) SM 9/55

				Neg. Dist. 14	10.
1. PLACE OF DEATH o. COUNTY			/here deceased lived. If Inst		efore odmission)
Washington	MARYLAND	W. STATE &.	Jefferson		V
b. CITY OR TOWN If autoide corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16		outside corporate limits, wri	Je KUKAL and give	negrest town)
near Sharpsburg	1 Hr.	d. STREET ADDRESS	es Town	83 X	e. IS RESIDENCE
D. O. A. Wash County H			hinatan Ct		ON A FARM?
	•		hington St		YES NO
3. NAME OF DECEASED (Type or print) CARRIE STA	UBS ROD	RICK	4. DATE Mor	25 1959	
5. SEX 6. COLOR OR RACE 7. MARRIE	D [] NEVER MARRIED [] B.	DATE OF BIRTH	9. AGE (In years feet birthday)	Months Days	R IF UNDER 24 HRS.
Female White WIDOWED	DIVORCED M	ugust 16,189	9 59 yr		riours min.
10c. USUAL OCCUPATION (Give kind of work done 10b. Kind uring most of working the completical) RE Seamstress Dre	FRIGERATOR EAC	PORY LOUGOUN CO		12. CITIZEN C	OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
George W. Staubs		Carrie Ja	ckson		
	SOCIAL SECURITY NO. 17. IN		Addre	58	
	34-28-8871 Mr.	Benny Rodri	ck, Charles T	own W.	VA.
1B. CAUSE OF DEATH [Enter only one cause per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)				INT	TERVAL BETWEEN USET AND DEATH
975 X DUE TO Conditions, if ony, which) (b)	Lowning			10	what
gave rise to immediate cause (a), storing the underlying couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CO 20d. EXTERNAL-CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NALDISEASE CONDITION G	IVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	HOW INJURY OCCURRED. (En	nter nature of injury in Port		Somo /	mèr
20c. TIME OF INJURY Month, Day, Year 20d. If Hour p. m. 7-25 1937 While of wor		DE OF INJURY (Home, form pry, street, office bldg., etc.)	20f. (City or town) Md Aide of	(County) Budge A	Makingto V.
21. I certify that I taak charge af the re	emains described abay	ve, held an Autopsy	, Inspection	Inquiry [, and find that
death resulted fram: Natural causes	, Accident [], Suic	cide 4, Hamicide	, Undetermined	cause .	
ACTUAL SIGNATURE N. ZW Signature	Me	_M.D. CHIEF MEDICAL EX		211	DATE SIGNED
EXAMINER'S NAME (Type) JREWIJ	Hop	DEPUTY MEDICAL E		1/2	9/59
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town	, or county)	(Stote)
1 0 44 7 54 19 19 19 19 19 19 19 19 19 19 19 19 19	Edge Hill Cem		Charles Town		W. Va.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		The second second second	GISTRAR'S SIGNATE	
Andrew K. Coffman Hage	rstown Md.	DATE	UL 28'59	Cithur S. Fi	railA

MEADURO TRADICIPALES EMBINIMAKE LACHUERS ERAP a solicytiquelle religies of the desired HALL THE STREET WEST TO SEE A ST. NO.

FOR STATE HEALTH DEPT

inecessory, please of directar. Page of four files. of Weath,

ne funeral

TO DEPUTY MEDICAL EXAMINEP Wis certificate should be executed within 24 hours ofter death. 1924y delay is execute the certificate, writing food "pending" in pendil in them, 18. Give Pages 1, 2, and 3, he funer a should revarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to Funeral DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the Standard designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. MEDICAL EXAMINE

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8484MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

118443

•		COUNTY Wa	shington		MARYLA	NO	2. USUAL RESIDENCE	Where de			Washi		
	-	and give nearest town)		RURAL	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN	(If autside	corporot	e limits, write			
	d				pitol, give street oddress)		Sharp d. STREET ADDRES						e. IS RESIDENCE ON A FARM? YES NO X
	3. 1	NAME OF DECEASED	First		Middle		Lost	4. DAT	E	Month	1	Day	Year
	5. 5	Type or print)	Anne		Marie ED Never Married [healy ATE OF BIRTH	DEA	-	GE In years	IF UNDER 1Y	2	19 59 UNDER 24 HRS.
	-	Female	133	WIDOWE		1	pril 1 1	.899	60	it birthday)	Months Do	-	lours Min.
	10a. d	usual occupation working Housewi	g_life, even if retired)		OME	DUSTRY	Martins	1				S.A	WHAT COUNTRY?
	13.	FATHER'S NAME		***************************************			4. MOTHER'S MAIDE						
			Hiram Bak	er			Ali	ce L	1 tt]	Le			
1			R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 1	7. INF	ORMANT			118"	V. Mai	n S	4.7
1		No	No		None	Dr	. Walter	She	aly		sburg	Ma	
0	CERTIFICATION	Conditions, if or gave rise to immed (o), stoting the cause lost.	inderlying DUE TO (c)_ ER SIGNIFICANT COND		Acute Cor	UT NC	T RELATED TO THE TE	RMINALDIS			/EN IN PART II		WAS AUTOPSY PERFORMED?
	MEDICAL CER	20c. TIME OF INJUR	Y Month, Day, Year			PLACE	OF INJURY (Home, f	orm, 20f.	(City or te	own)	(Count)	γ)	(State)
	MED	p. m.	NONE 19		ork of work		none			-		-	-
			resulted from: N	otural	remoins described of causes P. Acciden	ot [Hamic	ide 🗍	ctian 🔼 :	,	inner	and in my
2		EXAMINER'S NAME (Type)			lls, M.D.		ASSISTANT MEDIC	AL EXAMIN	ER Z		Jul	7	2 1959
	E	REMOVAL (Specify)	July 4-5	9	Mt. View C		etery	Sh	arp	(Cily, town, caburg	Md.		(Stote)
	23.	Wey a	Leaf 2	Vill	Compet.	2	Med 246. R	JUL 7	'59		Enthur &		4

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	. Mayorin mana	125 yrs		
	Sara Maria . Maria		at water their William	
		31 151		
		Daniel Bank		
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			and the second s	TOTAL SAME CASE
			and the second s	MODEL SMITHSON
				C TO THE PROPERTY OF THE PARTY

TO HOSPITAL may be ref TO FUNERAL VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 8449 Rea. Dist. No.

118444

			2 4 0							meg. Die			
	PLACE OF DEATH o. COUNTY WAS	SHINGTON		MARYI		o. STATE MD	NCE (Who	ere deceosed	lived. If institut b. COUNTY			dmissian)	
	b. CITY OR TOWN (RURAL ond give n AGERSTOWN	If autside carporote limi earest tawn)	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOV			ote limits, write F	URAL ond g	ive nearest	town)	
_		TAL (If not in haspital, a	ive street		1	d. STREET ADD	DRESS					RESIDENCE ON A FARM?	
3.	NAME OF DECEASED (Type or print)	Fir NELI		Middle	S	Last HEFFLER		4. DATE OF DEATH	Moi 7		Day	Year 19 59	
	SEX EMALE	6. COLOR OR RACE WHITE	7. MARI	RIED NEVER MARRIE		RIL 30,	1884		9. AGE (In years last birthday) 75 yrs.	11111111111		JNDER 24 HRS.	
10c	HOUSEWORK	ON (Give kind af wark of king life, even if retired	dane 10b.	WN HOME	R INDUSTR'	PENNA	-	or foreign co	untry)		S.A.	AT COUNTRY?	
13.	FATHER'S NAME					4. MOTHER'S M. ADELATI			Н				
		ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO.		RAY WOI				own, MD	•	4 1	
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY.											AL BETWEEN AND DEATH	
	Canditions, if a gove rise to it cause (a), stating	mmediate ()(Auricule	er .	Fibri	Pa	tem	desa		2	2 days	
CERTIFICATION	PART II. OT	.) (c HER SIGNIFICANT CON		CONTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO TH	HE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PART	P	VAS AUTOPSY ERFORMED? S NO	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While at wark of two of the work of the wo												
	21. I certify the alive on	nat I attended the	deceas , 19	sed from A: 59, and that	deoth o	ccurred at_	4°/P	M, from	the couses or reet, city or town	nd on the	st sow the	oted obove	
		aul Harrison	n, M.					own, M					
22c	BURIAL, CREMATIC	7/6.59	F	22c. NAME OF CEME REST HAVE		REMATORY			ION (City, town, RSTOWN		D.	(State)	
	FUNERAL DIRECTOR		ERST	ADDRESS OWN , MD.	0.3		ATE	BY REGIST		ISTRAR'S SIG			

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VS A15 (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HE	ALTH-BALTIMORE, 18
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08445

8450 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE O o. COUN	F DEATH		MAR	LAND	a STATE	vland	here deceased	Was SOUNT	ion: Residence	e before admiss	ion)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 10 Yrs					11 10	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bagerstown						
d. NAME	of Hospital (If not in hospital, gastitution Mulberry		oddress)		+	ADDRESS	ulber	ry S t			IDENCE FARM?	
3. NAME O DECEASE (Type or	D	st	WIRGINI.			lost I.ING	4. DATE OF DEATH	July	7 19		Yeor	
s. sex	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🔲	8. DATE OF 8	RTH		. AGE (In years last birthdoy)	IF UNDER	YEAR IF UNDE		
10a. USUAL during	OCCUPATION (Give kind of work most of working life, even if retired SEW11E	done 10b.	E(B-41)			PLACE (State	or foreign cou	ntry) - M	d 12. CITI	ZEN OF WHAT	COUNTRY?	
13. FATHER'S	ank Swailes				14. MOTHE	Mal1	nda Le	eiter				
15. WAS DE	CEASED EVER IN U. S. ARMED FOR Anown) (If yes, give wor or dates of the company)		SOCIAL SECURITY NO None		INFORMANT IS Els	ie He	uphil		No M	ilberr	y St	
Condi gove couse lying	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO itions, if ony, which rise to immediate (o), stoting the under- couse lost.	a	rebu	el ol	Ten	with the	inge ND	isius	Q.	1" /	674J	
3	PART II. OTHER SIGNIFICANT CON								VEN IN PAKI	PERFO	RMED?	
N 20c. TIM	20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. 19 While Not while of work o											
21. I dalive dal	TURE Sidney	decease 19.3 MG	and,	/	2 , 19 4 occurred of M.D				and an th	ast saw the e date state		
Bur	CREMATION, 22b. DATE THERECO	/	22c. NAME OF CEM hewsvill		R CREMATORY		22d. LOCATIO	ON (City, town,	or county)	(Stote	:)	
Andre	W K. Coffman	Hage	address rstown M	d.		24a. REC'I	D BY REGISTRA		ISTRAR'S SIG			

HEADTO STANDARD STAND	, , , , , , , , , , , , , , , , , , , ,			SATE DEPARTAS	TE CHENT	Man:	
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						Annual St	
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			SAME CONTRACTOR				

TO HOSPITAL OF TO FUNERAL

VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8451 **CERTIFICATE OF DEATH**

08446

Reg. Dist. No.

	1. PLACE OF DEATH	Namon	MARYLANI	2. USUAL RESIDENCE o. STATE		lived. If institution b. COUNTY	on: Residence be	efare admis	ision)			
	b. CITY OR TOWN (If outs	NGTON	c. LENGTH OF STAY IN 1	MAR	YLAND	a linia da Di		HINGT				
	RURAL ond give nearest HAGERSTOW	tawn)	10 days	c. CITY OR TOWN				PRTNG				
1		f not in haspital, give stree	HOSPITAL	d. STREET ADDRES	SS			ON A	SIDENCE A FARM? //			
	3. NAME OF	First	Middle	Last	4. DATE	Man	th		Year			
	(Type or print)	FRANK	L	SHIPP	OF DEATH	.IIII.Y		,	1950			
	S. SEX 6. 0		RRIED NEVER MARRIED			9. AGE (In years last birthday)	IF UNDER 1 YE	AR IF UND	ER 24 HRS.			
	MALE	WHITE WIDOW	VED DIVORCED	NOV. 18,	1879	79 yrs.	Months Doy	rs Hours	Min.			
	10a. USUAL OCCUPATION (Conducting most of working INSPE	ife, even if retired)	cholesale	BROADFO	ORDING,	MD.	U.S	OF WHAT	COUNTRY?			
	13. FATHER'S NAME	TO 100 100		14. MOTHER'S MAID								
)	JACOB SH		COCIAL SECURITY NO.	CAROI	LINE KE	LLY						
/	1S. WAS DECEASED EVER IN (Yes. no, or unknown) (If yes,	give war or dates of service)		2 2 0	11- 11-	Addr AD	ess		De			
		Enter only one cause per l		en Floyd	Harrie	go, ce	av og	NTERVAL BI	ETWEEN			
	PART I. DEATH W	VAS CALISED BY.						ONSET AND DEATH				
	цц3× IMM	AEDIATE CAUSE (6)	REBRAL HEMORE	HAGE WITH HE	MIPLEGIA		1	II DAYS				
	Conditions, if any,	tal. \	PERTENSIVE CA	RDIO-VASCULAR	DISFASE		Comme	UNKNOWN				
	gave rise to immediate											
	lying cause lost.	(c)										
	PART II. OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8	BUT NOT RELATED TO THE T	ERMINAL DISEASE	CONDITION GIV	EN IN PART 1(a	19. WAS	AUTOPSY ORMED?			
)	CAT		NONE					YES NO				
	PART II. OTHER S	AUSE OF DEATH	SCRIBE HOW INJURY OCCUP	RED. (Enter noture of injury	y in Port I ar Part	Il of item 18.)						
	20c. TIME OF INJURY N Hour o. m. p. m.	While		PLACE OF INJURY (Hame, foctory, street, office bldg.,		or town)	(Coun	ty)	(State)			
	21. I certify that 1	21. I certify that I attended the deceased fram, JULY 4, 1959, 19, ta_JULY 15, 1959 19, that I last saw the deceased										
	alive an JULY 15, 1959, 19 and that death accurred at 4,30 P.M. fram the causes and an the date stated above.											
	ACTUAL SIGNATURE Clushe Bobert Ohen M.D. ACTUAL SIGNATURE Clushe Bobert Ohen M.D.											
1	BUYERIANIE	0										
-	PHYSICIAN'S NAME (Type)	ARCHIE ROBERT	COHEN, M.D.	CLEAR SP	RING, MA	RYLAND	ו אירות	5, 1959	<u> </u>			
	220. BURIAL, CREMATION, REMOVAL (Specify)	26. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCAT	ION (City, town, o	ar county)	(Sto	ite)			
	BURTAL	11/8/39	BROADFOR	DING	BRO	ADFORDI		MD.				
	23 EUNERAL DIRECTOR'S SIG	0 0	ADDRESS	· cm	REC'D BY REGISTI		STRAR'S SIGNA					
	10-h 00 + 1/	CLE	AR SPRING, I	MD. DATE	UL 2 0 '59	arth	un S. Krau	M				

SADI CERTIFICATE OF CENT d estimate. 18, 1.79 m YEAR WILLIAM TO THE REAL PROPERTY. The later was a second of the later of the l THE STATE OF THE S AND THE RESIDENCE OF THE PARTY

moy be retained by the hospital TO HOSPITAL OR ATTENDING P

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

118447 Reg. Dist. No. 302

	8452	CERTIFICA	ATE OF DEATH	R	eg. Dist. No. 302
1. PLACE OF DEATH o. COUNTY Washir	gton	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institutions	Residence before admission)
b. CITY OR TOWN (IF	outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside carporate limits, write RURA	
Hagersto		6 Weeks	03 Hagers	town	
d. NAME OF HOSPITA	AL (If not in haspital, give street		d. STREET ADDRESS	001122	e. IS RESIDENCE
Wash Co	ounty Hospita	1	115 King	St	ON A FARM? YES NOX
3. NAME OF DECEASED (Type or print)	GARVIN First	Middle WILLIAM	SHOWE	4. DATE Month OF DEATH July 25	Day Year 1959 19
5SEX	6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
Male	White widowi		April 5 19	906 S3 yrs.	Nonths Days Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work done 10b. ng life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Custodian		ool Board	Tilghmanto	on Wash Co Md	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
Taai	ah Showe		Effie	Smith	
15. WAS DECEASED EVER		SOCIAL SECURITY NO. 17.		Address	
(Yes, no. or unknown) (I	l yes, give war or dates of service)	4-09-5775 M	re Trene Tas	ylor Smith 11	5 King St
	TH [Enter anly ane cause per li			stown Md.	INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	ine for fall fall dila fall		•	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	escurma	gatomac	u	1 year
151X	DUE TO				0
Canditions, if on	mediate				
cause (a), stating I					
lying cause last.) (c)				
2	er significant conditions of		NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Part II of item 1B.)	
ZOc. TIME OF INJURY Hour o. m. p. m.	While	NJURY OCCURRED 20e. PL Not while k at work	ACE OF INJURY (Hame, farm, ctory, street, affice bldg., etc.)	20f. (City ar town)	(County) (State)
21. I certify the	at I attended the deceas	ed fram 7- 3-	195 Tto 7 -	25 10691	hat I last saw the deceased
alive an 7-					on the date stated above
		, and mar dean		ADDRESS (Street, city or town, stol	
ACTUAL SIGNATURE	thom. C	July	M.D. Hages	stress, 20	rayford 7/27
PHYSICIAN'S NAME (Type)	alton M. Wel	ty, M.D.	0	,	U
220. BURIAL, CREMATION	1, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (City, tawn, ar c	aunty) (State)
Burial	7/28/59		emeterv	Hagerstown W.	
23. FUNERAL DIRECTOR'S		ADDRESS			AR'S SIGNATURE
Andrew K.	Coffman Hag	erstown Md	DATE		hun S. Thomas

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			Design Vilgaria	
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	THE NAME OF STREET			
		La Laboratoria Laboratoria		
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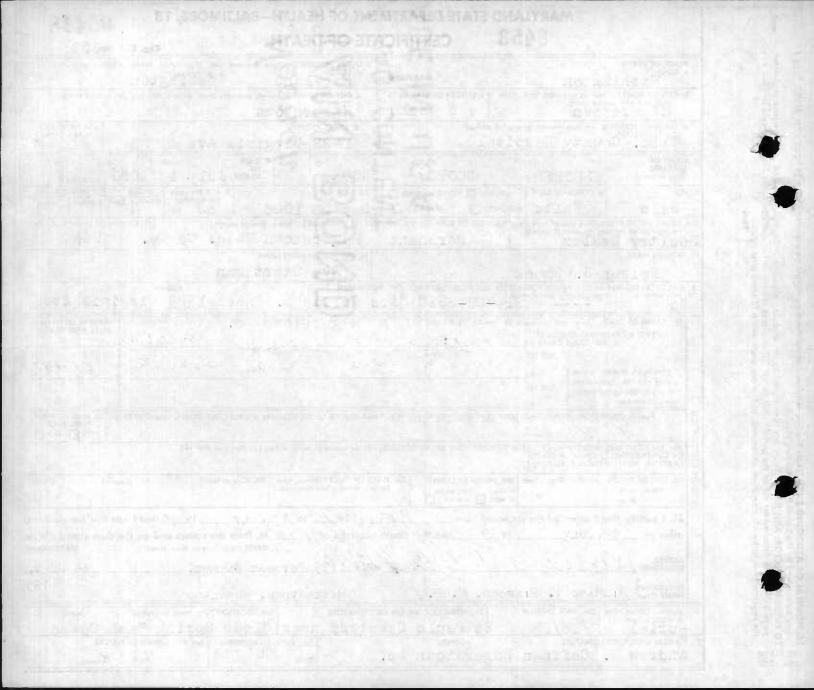
VS A15 (4) 15M 10/57

0.	MARYLAND ST	TATE DEPARTMENT OF HEALTH-	-BALTIMORE,	, 18
	8453	CERTIFICATE OF DEATH		R
		T		

118448

Reg. Dist. No302

	PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Marvland	e deceased lived. If institution: Residence be	fore admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	side corporate limits, write RURAL and give r	nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street WASh. County Hospital		d. STREET ADDRESS	ginia Ave	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) LUTHER	Middle SCOTT	SNOOK Lost	DATE Month OF July 13 1959	Day Year
	5. SEX 6. COLOR OR RACE 7. MARK		B. DATE OF BIRTH	last birthday) Manths Days	AR IF UNDER 24 HRS. Hours Min.
- 1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Poultry Dealer	Merchant	Hagerstown	wash. Co Md.	OF WHAT COUNTRY?
	Norman J. Snook		Eva Stai		
	[Yes, no. or unknown] [[If yes, give war or dates of service]	social security No. 17. III	s Nellie M.	Snook 1828 Virgi	nia Ave
	PART I. DEATH (Enter only one couse per line part I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). Conditions, if only, which gave rise to immediate couse (o), stating the under. Lying couse lost.	Cancer to be	Hagerstown flus me, was	in liver the	- 6 Mos,
2	PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)		NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
- 1		CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Por	rt I or Part II of item 18.)	
1	20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o. m. 19 While p. m. 19	Not while for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town) (Caunt	y) (State)
/	21. I certify that I attended the decease alive an 13 July 195 ACTUAL SIGNATURE PHYSICIAN'S RICHARD T. BINFOR	and that death	M.D. 1135 POTOM	M, fram the causes and an the dispress (Street, city or town, stote) AC_AVENUE, MARYLAND	
	220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 7/15/59	22c. NAME OF CEMETERY O		2d. LOCATION (City, town, or county) Clear Spring Wash	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS gerstown Md.	240. REC'D E	BY REGISTRAR 24b. REGISTRAR'S SIGNAT JL 1 7 '59 Cartly J.	URE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8454 CE	RTIFICATE OF DE	ALTH—BALTIMORE, T	8 (18449) Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND 2. USUAL RESIDE	NCE (Where deceased lived. If institution b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL Hagerstown Life		WN (If outside corporate limits, write RI	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR WSPITAL (If not in hospital, give street oddress) Mulberry	d. STREET ADD / 262 S	Mulberry	e. IS RESIDENCE ON A FARMA YES NO
3. NAME OF DECEASED (Type or print) Lugene First Victor	Sodergren Lost	4. DATE Mani	y 3, 1959 Yeor
	orced Jan. 4,	9. AGE (In years last highday) yrs.	Months Days Haurs Min.
100. USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired) Foreman 10b. KIND OF BUSIN Shoe	, a	gerstown Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S M	AIDEN NAME Ruth Rh	0469
Ralph Sodergren 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yes. no. of unknown) (If yes, give wor of dates of service) Yes W. W. 11 213-12-7		e R. Sodergren	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (o), storting the under: lying cause lost. (c)	y Occlusie	121	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE CONTRIBUTION TO THE CONTRIBU	O DEATH BUT NOT RELATED TO TH	TETERMINAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUDICAL CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRY OCCURRED. (Enter noture of in	njury in Port I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRE Hour a. m. While Nat while at work at wark	20e. PLACE OF INJURY (Horactury, street, affice b		(County) (State)
ACTUAL SIGNATURE TO THE PHYSICIAN'S TO TO THE PHYSICIAN'S TO THE TAIL PHYSICIAN'S TO THE	that death occurred at 3	ADDRESS (Street, city or town,	
220. BURIAL, CREMATION, PARTIE THEREOF Rest Part 1871	CEMETERY OR CREMATORY Haven Cemeter	22d. LOGATION (City, town, character)	m md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	44L 2	40. REC'D BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE

DATE

he funeral directar, Should be filed with may be retorce by the hospital containing physician.

D FUNERAL ECTOR: After this certificate has been signed by the attending physician and camplett page 3 shaufd be detached far use as the burial-transit permit. Then please remove carbon papers. The registrar prior to burial, cremation, or remaval, and in any event within 72 hours ofter death. TO HOSPITAL OR ATTENDING PH may be relocate by the hospital of TO FUNERAL ECTOR: After this

IAN: The law requires that the death certificate be executed

VS A15 (4) 15M 9/5B

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8455 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08450

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give necreat town) Hagerstown	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Frostburg 0 / - 2 - 2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) D.O.A. Washington County Hospital	d. street address 78 Frost Avenue e. is residence on a farm? yes \(\) NO \(\)
	pates 4. DATE Month Doy Year OF DEATH July 19 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 8. Male White WIDOWED DIVORCED	Mar. 24,1947 12 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind af work dane) 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired) Student -	RY 11. BIRTHPLACE (Stote ar foreign country) Frostburg Md 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Francis Spates	14. MOTHER'S MAIDEN NAME Ruth Elizabeth Logsdon
(Voc. no. or uningual) 1. (If we give your or deter of service)	rs. Ruth E. Spates- Frostburg, Md
Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. DUE TO Fractured rib Hemo-pneumoth Shock	
206. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING TO CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. (E Passenger in auto	PERFORMED? YES NO The nature of injury in Part I ar Port II af item 18.) that was involved in a head—on collison
Hour KKX July 190 59 While Not while at work 1	CE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (Stote) ory, street, office bldg., etc.) Rural Clearspring Wash Md ve, held on Autopsy , Inspection , Inquiry , ond find that
ACTUAL SIGNATURE SIGNATURE SIGNATURE	M.D. CHIEF MEDICAL EXAMINER [
EXAMINER'S S. Robert Wells, M.D.	ASSISTANT MEDICAL EXAMINER 7-20-59 DEPUTY MEDICAL EXAMINER 🖪
226. BURIAL CREMATION, REMOVAL (Specify) 7-23-1959 St. Michael	crematory 22d Location (City, lown, or county) (Store s Ceme tery Frostburg Md
23 FUNERAL DIRECTOR'S SIGNATURE Hafer Funeral Home Level H. Motting 23 E. Main, Frostbur	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE C. M. DATE JUL 2 7 '59 Continue S. Kinney

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4 05	X			84		CERTI	FICA	TE OF D	DEATH			Reg. Dist. No	845	1
Page director	M')	1.	PLACE OF DEATH a. COUNTY	Washingto	n	MARY	LAND	2. USUAL RESI	DENCE (Where	deceased li	ived. If institution b. COUNTY	n: Residence befo Washin		on)
eral be fi	1000	F	b. CITY OR TOWN	(If autside carporale limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR 1	TOWN (If outsi	de carporat	e limits, write RL	IRAL and give ne	arest tawn	,
fundament of		L	Hagers	storm		11 Days	5	X	Rural	Smi	thsburg			
by the	081			TAL (If not in hospital, guington Cour				d. STREET A		sburg	#1			PARM?
od in		3.	NAME OF DECEASED	Fir	st	Middle		Los	4.	OF DATE	Mont	h D	oy Y	ear .
fill fill		5	(Type or print) SEX	16. COLOR OR RACE	ta	1//	В.	Sp. DATE OF BIRTI	essard	DEATH		IT UNDER TYEAR		9 59
£13				White	WIDOWE	IED NEVER MARRIE			4, 1890		last birthday)	Months Days	Hours	Min.
uted mph pers			Female o. USUAL OCCUPATI	ON (Give kind of work	done 10b							12. CITIZEN (OF WHAT	COUNTRY?
d co	(House Wi	rking life, even it refired)				ggold M			U.S		
be e		13	FATHER'S NAME						MAIDEN NAM			0.0		
sicial e co		1	J. J.	Wiles				M	amie Me	entzer				
phys may bou			. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of a	CES? 16.	SOCIAL SECURITY NO		FORMANT			Addre		11-	
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tan: T fending ficate the bu		CERTIFI	20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING TO G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED	. (Enter nature a	f injury in Part	1 or Part II	of item 1B.)			
PHYSIC al the the the the the the the the the the		MEDICA	Haur a. fr. p. m.	RY Manth, Day, Yea	While	NJURY OCCURRED Not while of work	20e. PLA	CE OF INJURY (I ary, street, affice	Hame, form, (20f. (City ar	tawn)	(County)		(State)
NG spit fter d for			21. I certify t	hat I attended the	decease	ed from M	ar	1956	, to 31	July	1959	that I last s	aw the	deceased
S. Ale			alive on_2_	Quely:5	7, 19	, and that	death	occurred at	11:30A	A, from	the causes of			
det det			ACTUAL /	D- Y	//	G-1/2	1	, ad			el, city ar tawn, s			TE SIGNED
Sed Sed			ACTUAL	Ma	4	1. 150	17 4	.D. 9 11	35 Poto	mac-A	veHag	erstown	Md.	7/31/
RAP Short			PHYSICIAN'S NAME (Type)	Richard T	Bini	ford	0	11;	35 Poto	mac A	ve. Hag	erstown	Md.	
HOSE TONE Oge 3		22	BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREO	F	22c. NAME OF CEME	ETERY OR				N (City, town, o		(State)
O E O GE		20	Burial . FUNERAL DIRECTOR	8/3/59)	Green H	1111				sboro, F		Pa.	
VS A15 (4)		23	What director	SIGNATURE		ADDRESS	no D		24a. REC'D B			TRAR'S SIGNATU		
15M 9/55		F	- Julia	to 14 per	>	Waynesbo	oro P	d.	DATE AUG	3 '59	and	hun S. Krai	d	

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	1 PLACE OF DEATH		

Reg. Dist. No.

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1. PLACE OF DEATH o. COUNTY WE	ashington		MAR	rland 2	o. STATE	DENCE (Who		d lived. If institution b. COUN		nce before		
RURAL and give n	If outside corporate limi earest town) ISTOWN	ts, write	c. LENGTH OF STAY			own (If o		prote limits, write	RURAL end	give near	est town)	
d. NAME OF HOSPI	TAL (If not in hospital, g				d. STREET AL	DDRESS W. WE	ater	St.		•	ON A	DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Walt		Middle Valen		Spesse		4. DATE OF DEATH		onth July	1 Doy		•or •59
5. SEX male	6. COLOR OR RACE white	7. MARRIE			an. 2		380	9. AGE (In yeo lost birthday	Manths		Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of wor lawyer,	ON (Give kind of work of king life, even if retired OWNER	da da	w busines lry farm	OR INDUSTR	Chev	ACE (State of	or foreign o	Md.	12. Ci	TIZEN OF	WHAT	COUNTRY
13. FATHER'S NAME	David R.				14. MOTHER'S		IAME	rbara	Val er	ntine	Э	
15. WAS DECEASEDEVE (Yes, no. or unknown)	ER IN U. S. ARMED FOR Jif yes, give wor or dates of s	ervice)	OCIAL SECURITY NO			utie	Spes		smith	ısbw	rg,	Md.
	the under-	, Go	e for (o), (b), and (c)	Je D	ai	teri	asel	levsi	2		NAL BETT	
PART II. OT	HER SIGNIFICANT CON								GIVEN IN PA		WAS A PERFOR	MED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC!	NANTHI MOH BBIN	CCURKED.	Enter noture of	injury in F	art tor Fa	rr II or IIem 10.)				
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	While	Not while		OF INJURY (F y, street, office			y or town)		(County)		(Stote)
21. I certify the alive on	hat I attended the	19.5	9, and that	death o		700A	M, fra ADDRESS (S	m the causes Greet, city or tow	and an	the date	e state	
220. BURIAL, CREMATIC	Charles F)F	22c. NAME OF CEM				22d. LOCA	TION (City, tow	n, ar county)		(State)
REMOVAL (Specify DUTIAT) 23. FUNERAL DIRECTOR SCOTT F.	R'S SIGNATURE	59 & So	Smithsb ADDRESS n, Smith	- 0			Smi D BY REGIS	thsbur TRAR 24b. RE '59	GISTRAR'S S			

within 24 hours after death. Page 4 a by the funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed may be rejained by the hospito attending physician.

TO FUNERAL RECTOR: After the string that been signed by the attending physician and comparabase 3 strings. Be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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Lancers Charles and Arrange Consult				

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	8485 CERTII	FICATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH 6. COUNTY WASHINGTON MARYL	AND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY WASHIVETON
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
	FAIRDLAY - RURAL 5 VEARS	X FAIRPLAY - RURAL
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FAIRPLAY - NID , R.]	A. STREET ADDRESS FAIRPLAY - NO, 13.1. e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) SARAH FIRANCE	Last 4. DATE Month Day Yeor OF DEATH CLILV - 15. 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	
	FEMALE WHITE WIDOWED DIVORCED	UNE-22-1867 92 15 0 23
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HAUSE KEEPER OWN HOI	ME MERCERS BURG PENNA U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address
)	(Yes. no. or unknown) (If yes, give wor or dates of service)	Man III as a Comment
1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	IMRS, HARRY O. BARNES FAIRDLAY MD. 13.1
		lerotic encephalomalacia
	332 × DUE TO	Telogic encephatomatacia 2 11.
	Generalized	arteriosclerosis 5 Yr plus
	gove rise to immediate couse (a), stoling the under-	
	lying couse lost. (c)	
2	CATI	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING LI CAUSE OF DEATH	CURRED. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED While Not while of work 19 of work 19	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
	21. I certify that I attended the deceased from June alive on June 15, 1959 and that	death occurred at S. P. M., fram the causes and on the date stated above.
	ACTUAL Nature H-Shub	ADDRESS (Street, city or town, state) Sharpsburg, Md. 7/18/59
1	MAME (1996)	0.
	220. BURIAL, CREMATION, REMOVAL (Specify) OUR I AL OULY - 18 1959 BOONSB	TERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) ORO CEMETERY BOOKSBORD WASH COMP
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1300YS130R	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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W Cany o	vaer	e yau	the regist		
rier death.	and 3 ta	be retaine	ind 2 with		
4 hours of	ages 1, 2,	ge 5 moy	poges No	1	
d Wilhin 2	8. Give P	PM3. Pa	rmit. File		
e execute	in Item 18	with form	transit per		
should b	in pencil	e along	a burial.		
certificate	pending"	ner's Office	se used as		
NEW TIS	p	cor, Zamin	3 should &		
L EXAMI	writing t	hief Medi	OR: Page		
MEDICA	ertificate,	the C	IRECT	ol.	
S IO DEPUT MEDICAL EXAMINES IN SCRIPTICATE Sharid be executed within 24 haurs after death. If any delay is necessary, please ex	cute the egrificate, writing the d'pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta vineral director. Page 4 shauld l	farwarde	TO FUNER. MRECTOR: Page 3 shauld be used as a burial-transit permit. File-pages Mand 2 with the registrar.	or remove	
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1. P	ACE OF DEATH COUNTY Washing					2. USUAL RESIDENCE (V						ssion)
		eutside corporate limits, write	BURAL	c. LENGTH OF STA	RYLAND V IN 16	o. STAMaryla		b. COUNT				wn)
	and give nearest town)	Carried and the	RUNAL			× Bakersvi		ordre limits, write	KOKAL ON	a Aise u	20101110	,
-	Kersvil	LE OR INSTITUTION (I	f not in bose	14 yea:		A. STREET ADDRESS	TTE				le. IS RI	SIDENCE
	oonesbor					Boonesbor	o RFI	#1			ON	A FARM?
3. N	IAME OF ECEASED	Firs	t	Middle		Last	4. DATE	Month	1	Day	Y	eor
	Type or print)	DAVID		EARL	S	TICKLEY	DEATH	July	r	29	1	9 59
5. SE	X	6. COLOR OR RACE	7. MARRIE	DEVER MARRI			3000	9. AGE (In years lost birthday)	IFUNDE			ER 24 HRS.
N	lale	White	WIDOWED	DIVORCE	D P	anuary 29,	1900	59 yrs.	Months 6	Br	Hours	Min.
10a. di	usual occupation of working	life, even if retired)		1	R INDUSTI Meta	11. BIRTHPLACE (Sinte		ountry)	12. CI1	USA		COUNTRY
13.	FATHER'S NAME		teri tr			14. MOTHER'S MAIDEN	NAME					
	Harry S	Stickley		Salbier, Hi		Florenc	e Vat	ighn				
		R IN U. S. ARMED FOI		OCIAL SECURITY NO	O. 17. IN	FORMANT		Barker	svi	Lle	. Md	
	NO NO		21	14-09-24	28 M	rs.Alice S	tickl	ey Boor	esbo	oro	RFD	#1
		H [Enter only one cau	se per line f	or (o), (b), and (c).]		8-0				INTE	T AND DE	EN
		H WAS CAUSED BY: IMMEDIATE CAUSE (o)		Coron	range	etelia	Larre		1			
	420.0	DUE TO		1		. 0 7	-ut	1	- 5.2.1	-	1	2
	Conditions, if on		(esterio	1/0	relevolue)	Mean	1 Se	مدر	-	No	me
	gove rise to immed (a), stating the u											
	couse last.	(c).										
ATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS <u>CO</u>	NTRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE TERM	INALDISEAS	E CONDITION GIV	EN IN PA			RMED?
CERTIFICATION	20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING [b. DESCRIBE	HOW INJURY OCC	URRED. (E	nter nature of injury in Par	rt I or Port II	of item 18.)				
3	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. It	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home, form	n, 20f. (City	or town)	(Co	ounty)		(Stote)
MEDICAL	Hour o.m.	19	While of wor	k ot work	facto	ry, street, office bldg., etc	-)					
		at I took chorae	of the re	emoins describ	ed obov	re, held on Autops	y []. II	nspection [2]	Inqui	rv 🗖	. and	find tha
	The state of the state of	from: Notural	_	7 15 900		ide , Homicide		ndetermined o		າ. 🗀		
	1	5	1	HA		,				100		
	ACTUAL SIGNATURE	- CW.	Ve	lle 42	-	M.D. CHIEF MEDICAL E	XAMINER			7/	DATE S	IGNED
	SIGNEATURE 2					ASSISTANT MEDIC	AL EXAMINE	R 🗖	/	100	10	
	EXAMINER'S NAME (Type)	FFW		19/10	9>	DEPUTY MEDICAL	EXAMINER		/	30	39	-
220.	BURIAL, CREMATION	, 22b. DATE THEREO	F	22c. NAME OF CEMI	ETERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)		(Stot	e)
	Burial	Aug. 1.	1959	Bakersv:	ille	Cemetery		ersvill		0 22-	100	3
23.)	UNE PAL PIRECTOR		7/	ADDRESS 1	# 10 th 14		D BY REGIST			GNATU	E CLI	
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MARYAND STATEDSPARENT OF HEALTH-LATIMOVE, 18 20 SE MEDICAL EXAMINER'S CESTIFICATE OF DEATH CO.

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· N. C. C. Yes	d Liveries de entitée	112777-05-2458 II-		To Li

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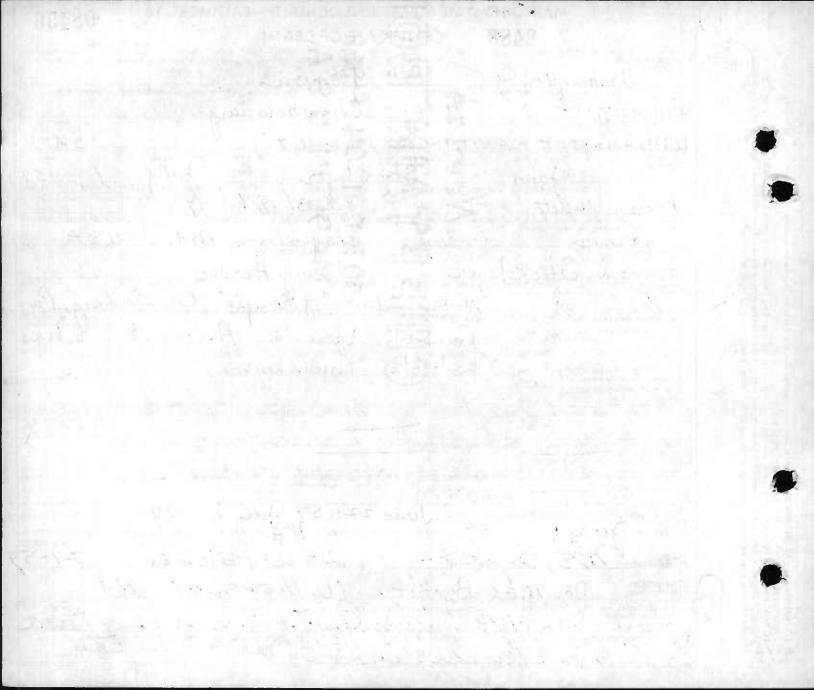
Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e IS RESIDENCE ON A FARMO YES NOT 1059 IF UNDER 3 YEAR IF UNDER 24 HRS 12. CITIZEN OF WHAT COUNTRY U. S. 107 Mechanic St. 7854 Mary Margaret Stockslager Sharpsburg Md. ONSET AND DEATH instant uears PERFORMED? YES NO (County) (Stote) .__M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, town, or county) Sharpsburg Md 24b. REGISTRAR'S SIGNATURE

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VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	8488	CERTIFICATE OF DEATH	Reg. Dist. No.
	o. COUNTY Washington Co.	MARYLAND 2. USUAL RESIDENCE (Wh	ere deceased lived. If institution: Residence befare admission) b. COUNTY
	b. CITY OR TOWN (If autside coporate limits, write RURAL and give nearest tawn) d. NAME OF HOSPITAL (If nat in hospital, give street addr. OR INSTITUTION) W. AMS DOV + DAW's	16 day - Chamber	outside corporate limits, write RURAL and give nearest town) Outside corporate limits, write RURAL and give nearest town) Outside corporate limits, write RURAL and give nearest town) Outside corporate limits, write RURAL and give nearest town) Outside corporate limits, write RURAL and give nearest town) Outside corporate limits, write RURAL and give nearest town) Outside corporate limits, write RURAL and give nearest town) Outside corporate limits, write RURAL and give nearest town)
)	male white WIDOWED		4. DATE Manth Day Year DEATH 1959 9. AGE In years FUNDER 1 YEAR IT UNDER 24 HRS. Manth Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) A STATHER'S NAME MAY + IN Stacks Qae	ming Haguston Mary Mary Mary	ion, Md. U.S.A.
	15. WAS DECEASED EVER IN U. S. ASMED FORCES? (Yes. no. or uphyown) If yes, give you or dates of service) 16 OCC 18. CAUSE OF DEATH [Enter only one cause per line for part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	YONE Mrs. 2 g. Ken	upter, Chambersley, Pa. Accident INTERVAL BETWEEN ONS MAND DEATH
	Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (b) (b) (c)	robable thromb	OS S S
		HOW INJURY OCCURRED. (Enter nature of injury in f	PERFORMED? YES NO
	20c. TIME OF INJURY Manth, Day, Year Haur a. m. While at wark	Y OCCURRED Not while at wark 20e. PLACE OF INJURY (Hame, farm factory, street, office bldg., etc.	
	21. I certify that I attended the deceased of alive on 1959 ACTUAL SIGNATURE	, and that death occurred at	M, from the causes and on the date stated above. ADDRESS (Street, city ar tawn, state) DATE SIGNED To Toma C To Toma
	PHYSICIAN'S Dr. MAX	Byrkit Willia	amsport Md
	PREMOVAL (Specify) July 3/9.59	E. NAME OF CEMETERY OF CREMATORY	22d LOCATION (City, Jawn, or county) (Stole)
	Exit Least 7 allers	La Company Date	D BY REGISTRAR 246. REGISTRAR'S SIGNATURE UL 6 59 Children A. Thomas



VS A15 (4) 15M 10/57

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8458	STATE DEPARTMENT OF HEALTH—BALTIN	TORE, 18
0400	CERTIFICATE OF DEATH	R

81245XV

CERTIFICATE OF DEATH

118457

Reg. Dist. No.302

1. PLACE OF DEATH O. COUNTY We shington	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE Maryland	reased lived. If institution: Resident b. COUNTY TON	ce befare admission)
b. CITY OR TOWN (If autside carporate limits, RURAL and give nearest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside a	corporate limits, write RURAL and g	give nearest town)
Hagerstown	8 Days	03 Hagersto	own	
d. NAME OF HOSPITAL (If not in hospital, give or INSTITUTION Wash. County Hos		d. STREET ADDRESS	Franklin St	e. IS RESIDENCE ON A FARM? YES NOS
3. NAME OF First DECEASED	Middle	Lost 4. DA		Day Year
(Type or print) LINDA	LEE SULL	IVAN	ATH July 7 19	959 19
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	1 1 1 1 1 1	1 YEAR IF UNDER 24 HRS.
- 0 2000		June 29 1959	- yrs	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dan during most of working life, even if retired) None	106. KIND OF BUSINESS OR INDU Infant	STRY 11. BIRTHPLACE (State or foreing Hagerstown)		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Johnel Sullivan		Jo Ann / Wi	nite	
15. WAS DECEASED EVER IN U. S. ARMED FORCES		NFORMANT	Address	
(Yes, no. or unknown) (If yes, give war or dates of service	None Jo	hnel Sullivan		lin St
1B. CAUSE OF DEATH [Enter only one cause	per line far (a), (b), and (c).]	Hagerstown	n Md.	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Meningitis			24-36 hours
75/X DUE TO	Meningomyeloc	oele		Congenital
Conditions, if any, which) (b)	Malformation of	f both feet and ha	ands.	Congenital
gave rise to immediate cause (a), stating the under-				
lying cause last. (c)	Prematurity			
PART 11. OTHER SIGNIFICANT CONDIT	TONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DE	SEASE CONDITION GIVEN IN PART	1 (a) 19. WAS AUTOPSY PERFORMED?
5 Prematurity				YES NO
20g. ACCIDENT WAS UNDERLYING 20g OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I o	r Part II af item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour p. m. 19	20d. INJURY OCCURRED 20e. PL While	ACE OF INJURY (Hame, farm, 20f. ctary, street, affice bldg., etc.)	(City or town) (C	Caunty) (State)
21. I certify that I attended the de	eceased from Birth 6	-29,-159 to Deat	th B-7-50 that 11	ast saw the deceased
alive on 7-6-59	19, and that death	occurred ot 3:00 A	from the causes and on th	e date stated above
1 7 4	4/ 100		SS (Street, city ar tawn, state)	DATE SIGNED
SIGNATURE CO CLEVE	1/leadle	M.D. 318 N. Poton	nac St., Hagers	town, Md
PHYSICIAN'S Robert F I	Keadle			7-7-59
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. LO	OCATION (City, tawn, ar caunty)	(State)
Burial 7/8/59	Rose Hill		getstown Wash	. Co M d
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY RE	GISTRAR 24b. REGISTRAR'S SIG	
Andrew K. Coffman	Hagerstown Md.	DATE JUL 9	'59 Chilms &	. Truck

HEAD TO STADISTRED BEATH	
	1504.04
경기 본 경기 교통 보고 이 등을 들는 것이 되는 것이 되었다. 그는 경기 등을 하는 것이 되었다면 하는 것이 되었다면 하는 것이 되었다면 하는 것이 없는 것이 되었다면 것이 없는 것이 없는 것이 없다면	

CERTIFICATE OF DEATH

118458

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the funeral director, thould be filed with ficate has been signed by the ottending physician and cample

TAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSP	may be	TO FUNE	poge 3
1	5 A	9/	(4) '55

8459	CERTIFICA	ATE OF DEATH	Reg. Dist. No.
PLACE OF DEATH o. COUNTY Washing ton	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE)	sed lived. If institution: Residence before admission) b. COUNTY Proublem
b. CITY OR TOWN (If oyiside corporate limit RURAL and give nearest town)	4 days	c. CITY OR TOWN (If outside corp	porote limits, write RURAL and give nearest town) 75 × - 3
d. NAME OF HOSPITAL (If not in hospital, gi OR INSTITUTION CR.	Hospital	d. STREET ADDRESS 700 Paring on	e. IS RESIDENCE ON A FARM? YES NO DE
NAME OF DECEASED (Type or print)	Middle 5	Hom 550 ~ - DEAT	H July 19, 1959
m w	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Sept. 4, 1883	9. AGE fin years of the state o
a. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired)	Grenchent	Franklin Co.	country) 12. CITIZEN OF WHAT COUNTRY?
Charles W. 37	Romson	14. MOTHER'S MAIDEN NAME Price My	ere on
WAS DECEASED EVER IN U. S. ARMED FORCE (If yes, give wor or dates of se	204-03-3362	Mrs. Margaret	K. Thomson, 700 have and
18. CAUSE OF DEATH [Enter only one caused PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) 58%. O DUE TO Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying couse lost. (c)	aut hepotic failing	it themas hage for	will roop high al hour linkerowe
20g. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOR CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURREN		ASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO Ort II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeo Hour a. j p. m. 19	7 20d. INJURY OCCURRED 20e. PL While Not while of work 01 work	ACE OF INJURY (Home, farm, 20f. (Citory, street, office bldg., etc.)	ity or town) (County) (State)
21. I certify that I attended the alive an	etys.		19. 19. 19. that I last saw the deceased arm the causes and an the date stated abave. (Street, city or town, stote) Ashing for St. 1-19-32
PHYSICIAN'S SOHN S	1. HORNEAKER	Hajersto	wa- her
REMOVAL (Specify) PENNERAL DIRECTOR'S SIGNATURE	22c-NAME OF CEMETERY O	CREMATORY 22d, LOC.	ATION (City, town, or county) (Stote) Paraullis Paraulli
Pole to. Warlow	Chamberoling	DATEUG 3 '5	

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CERTIFICATE OF DEATH

Reg. Dist. No.

1		PLACE OF DEATH o. COUNTY	Washingt	on	MAR	YLAND	2. USUAL RESIDENCE o. STATE	(Where decease	b. COUNT	Y	ce before add	mission) .
		RURAL ond give r		ts, write	LENGTH OF STA		c. CITY OR TOWN				give nearest t	own)
	_	Hagers			11 Day	S			Penna	• /	5 X	3
		OR INSTITUTION	ITAL (If not in hospital, g	live street od	(dress)		d. STREET ADDRESS	5				RESIDENCE N A FARM?
1	W.	ashingto	n County	Hospi	tal		Warfor	dsbur	Penna	•	YES	ON D
	3.	NAME OF DECEASED	Fir	st	Middl	e	Lost	4. DATE	Mo	onth	Doy	Year
		(Type or print)	Ten	na	Mae		Truax	OF DEATH	7		13	19 59
	5. 5	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARK	IED 🖂	B. DATE OF BIRTH		9. AGE (In years		1 YEAR IF U	NDER 24 HRS.
		F	W	WIDOWED			ulv 10.18	396	63 yrs	200	Days Hou	urs Min.
	10a	. USUAL OCCUPATI	ION (Give kind of work	done 10b. KI	IND OF BUSINESS			, –			IZEN OF WI	HAT COUNTRY?
		House	rking life, even if retired)	ousewife		Morgan				U.S.	100
	13.	FATHER'S NAME					14. MOTHER'S MAIDE					
		Asbu	ry Crouse				Cather	ine Si	totler			
		WAS DECEASED EV	ER IN U. S. ARMED FOR		OCIAL SECURITY N	O. 17. IN	FORMANT	1110 5		dress	. 4 11:	
	(10)	No or unknown)	(If yes, give war or dates of s	ervice)		Mrs	Helen Ki	rk Har	neock M	d.	11:	h
			ATH [Enter only one co	use per line	for (a), (b), and (c							L BETWEEN
		PART 1. DE	ATH WAS CAUSED BY:	. a	ente p	ulm	manda. He	n bolis			ONSET A	ND DEATH
		463X	DUE TO		-		y -				13-7	
		Conditions, if		x	have los	2081	whitis of	4 15	****		1100	. 4 .
		gove rise to	immediate)		pac	Ca 140 01	19	coccs		nuce	ra/mu
		couse (o), stoting						9				
	z	lying couse lost.	, (c)								
0	CATIO	PART II. OI	THER SIGNIFICANT CON	DHIONS CO	MIKIRUTING TO D	EAIH BUI	NOT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION G	IVEN IN PAR	PE	AS AUTOPSY RFORMED?
	CERTIFICATION	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH AMEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY	OCCURRED	. (Enter noture of injury	in Port I or Por	t 11 of item 18.)			
	₹ S	20c. TIME OF INJU		or 20d. INJ	URY OCCURRED	20e. PLA	CE OF INJURY (Home, f	form, 20f. (Cit	v or town)	10	County)	(Stote)
	MEDICAL	Haur o. m.	19	While	Not while at work	foc	ary, street, affice bldg.,	etc.)		,	,,	(Sidie)
	2	p. m.				47			. 10	-		
		21. I certify the	hat I attended the	deceased	-		2 , 19 59, to		-13, 19J	1., that I	last saw t	he deceased
		alive an	//	19 1	I, and tha	t death	accurred at 1/0	M, from	m the causes	and on th	he date st	ated abave.
	- 1		11 11	-1	^			ADDRESS (S	treet, city or town	, stote)		DATE SIGNED
		ACTUAL SIGNATURE	John IV.	Hom	Coher	A	A.D. 154 We	est Was	hington	St.	7:	14:59
1		PHYSICIAN'S										
		NAME (Type)	John H.	Hornba	aker, M.D	•	Hager	stown.]	Md.			
	220	BURIAL CREMATIC)F	22c. NAME OF CEA	AETERY OR			TION (City, town,	or county)		Stote)
		REMOVAL (Specify	7-16-5	0	Dnasht	ond -	s Compt					
	23.	FUNERAL DIRECTOR		7	ADDRESS	91.78	n Cemeter	EC'D BY REGIST		ISTRAR'S SIC		Penna
	i	10, -	0 4 21.	0	1/	0		JUL 20		Irilan &		
	1 1		C I SUI	War /	Janous		DAIL	JUL & U	20	" Name of	1 10000000	

24 hours ofter death. Page 4 the funeral directar, should be filed with

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ificate has been signed by the attending physician and cample, the burial-transit permit. Then please remaye carban papers., ar remayal, and in any event within 72 haurs, fiter death. AN: The law requires that the death certificate be executed the registrar priar ta burial, cremation, ar remaval, and in any event within TO HOSPITAL OR ATTENDING PHY
WEST TO FUNERAL TECHNIC PHY
10/2/6) pode 2/2/6)

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CERTIFICATE OF DEATH

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	0202	CERTIFICA	ATE OF DEAT		Reg. Dist.	No.
1	o. COUNWashington	MARYLAND	2. USUAL RESIDENCE (WO. STATE		21111771	before admission) Sh.
	b. CITY OR TOWN (If outside corporate limits, write FURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits,	write RURAL and giv	re nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give strong RINSTITUTION Washington County H		d STREET ADDRESS 1 519 St	ummit Ave.		e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) First Louis	Robert	Voris	4. DATE OF DEATH	July 1	O 9 Year 19 59
4	mola subdea	200	8. DATE OF BIRTH Feb. 14, 18	9. AGE (In last birth	yeors IF UNDER 1 Months D	YEAR IF UNDER 24 HR
1	0a. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	testing lab.		or foreign country)		N OF WHAT COUNTRY
1	3. FATHER'S NAME Robert R. Vo	ris	14. MOTHER'S MAIDEN	Anna Be	ernhard	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unknown) (If yes, give wor or dates of service)		Addie S. V	oris, Hage	Address erstown,	Md.
	1B. CAUSE OF DEATH [Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	r line or (o), (b), and (c).]	na			INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stoting the <u>under-lying space lost</u>	orthisclin	Des gons	al		. ?
	PART II. OTHER SIGNIFICANT CONDITION	- /1 4	NOT RELATED TO THE TERM	IINAL DISEASE CONDITIO	ON GIVEN IN PART 1	1(0) 19. WAS AUTOPSY PERFORMED? YES A NO
-	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Port 1 or Port 11 of item	1B.)	
	Hour o.m.	6	ACE OF INJURY (Home, for tory, street, office bldg., etc.	m, 20f. (City or town)	(Co	unty) (Stote
		of , and that death	accurred at Was	M, fram the caus ADDRESS (Street, city or	ses and an the or town, stote)	DATE SIGNE
L	220. BURIAL CREMATION, 226. DATE THEREOF 7-13-59	22c. NAME OF CEMETERY O	Cemetery	22d. LOCATION (City, Martins)	ourg, W.	(Stote)
2	Scott F. Minnich &	Son, Hagersto			arthur 8. to	

il director, filed with the funeral should be fi compler papers. carbon pape after death. puo ottending physician in any event within 72 haurs by OR ATTENDING PY CIAN: The law requires the by the haspital frending physician.

ECTOR: After this certificate has been signed by be detached far use as the burial-transit permit. buriol, crematian, ar remaval, TO HOSPITAL may be refo page 3 shault the registrar p VS A1S (4) 1SM 9/5B

requires that the death certificate be

24 haurs after death. Page 4

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J. J. Mester E. L. gering

buried 7-13-59 Oreca Fill Committee 14 Transfers,

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CENTRICOTE OF DEATH SUBTRIOR LE TELEFON DE LE LES COMPTENDE MONOGRAPHICA Expension of English States of E. D. S. Estados de la companya del companya de la companya del companya de la co en and entitles of the THE STREET STREET, IN STREET, SECOND
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		8	3463	CERT	IFICA	TE OF DEAT	Н		Reg. Dist.	No.	302
	LACE OF DEATH COUNTY Washir	gton		MAR	YLAND	2. USUAL RESIDÊNCE (V o. STATE Maryla:	74	Lived. If institution b. COUNTY			mission)
6	CITY OR TOWN (IF RURAL and give no Hager		ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (III		rote limits, write f	RURAL and give	negrest t	own)
-	OR INSTITUTION	AL (If not in hospitot, g				d. STREET ADDRESS	earvie	w Rd.		Or	RESIDENCE N A FARM? NO
	NAME OF DECEASED Type or print)	Lewis	rst .	Middle Kenne		losi Whitcraft	4. DATE OF DEATH	July		Doy 5	Yeor 19 59
S	Male	6. COLOR OR RACE White	7. MARRI	DEVER MARR		March 1	1887	9. AGE (In years lost birthdoy) 72 yrs.	Months Do		
	170					350 35	all dan -				
		C. White: IN U. S. ARMED FOR If yes, give wor or dotes of s	CESP 16. S	SOCIAL SECURITY NO		ORMANT	cKins	Add	1 6 5 0	lea:	rview
	no or unknown) NO 1B. CAUSE OF DEA	IN U. S. ARMED FOR	CES? 16. Service) Z.I	4-03-137	4 MI			Add	165	NTERVAL	rview BETWEEN ND DEATH
	1B. CAUSE OF DEA PART I. DEA Conditions, if or	TH [Enter only one collin WAS CAUSED BY: IMMEDIATE CAUSE (collin MEDIATE (collin MEDIATE CAUSE (collin MEDIATE (collin MED	CES? 16. 9	4-03-137	4 MI	ormant s. Blanch	e Whi	Add	165	NTERVAL	BETWEEN
(0)	18. CAUSE OF DEA PART I. DEA'	TH [Enter only one co	cces? 16. service) 21	4-03-137	4 MI	ormant s. Blanch	e Whi	tcraft,	165	NTERVAL	BETWEEN
(as	18. CAUSE OF DEA PART I. DEA: Conditions, if or gove rise to ir couse (o), storing the lying couse lost.	TH [Enter only one co I' yes, give wor or dotes of s TH SENTER ONLY I' YES, give wor or dotes of s TH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO THE ONLY IN Which the under- (c)	CES? 16. 16. 17. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	e for (o), (b), and (c) Beneral Herrison	Harley Mr. Harley G. Clero	es. Blanch gerstown, verido de fice lucar or related to the term	e Whi Md. Peraus + d	teraft, wil	165 C	NTERVAL DNSET A 10 10 Tun	BETWEEN ND DEATH - 127
	18. CAUSE OF DEA PART I. DEA' Conditions, if or gove rise to ir couse (o), stoling lying couse lost. PART II. OTH BLOCAL CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING ON TO THE COURT OR CONTRIBUTING OR CONT	TH [Enler only one con the control of the control o	CES? 16. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	e for (o), (b), and (c) Server of Herrios Contributing to Di Contributing to Di	Leo Leo Leath BUT N	es. Blanch gerstown, verido de fice lucar or related to the term	e Whi Md. Percus Y cl Ploch	teraft,	165 C	NTERVAL DNSET A 10 10 Tun	BETWEEN ND DEATH - STATE OF THE STATE OF TH

Hagerstown Md.

DATE JUL 1 7 '59

22d. LOCATION (City, town, or county)

Oxford Chester Cty
240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Cothun & Kraus

(Stole)

Washington St

VS A15 (4) 15M 9/55 ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, REMOVAL (Specify) Burial

23. FUNERAL DIRECTOR'S SIGNATURE

Edward W.

Andrew K. Coffman,

/18/1959

Ditto

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ADDRESS

Hagerstown,

217

Oxford Cemetery

Md.

22c. NAME OF CEMETERY OR CREMATORY

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01.00 CERTIFICATE OF DEATH

Description		04	60	CERTIFIC	AIL C	I DLA	•••			Reg. D	ist. No		
RURAL COMPANIANCE (In ord in hospital, give street oddress) d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE ON A STARRY ON A STREET ADDRESS e. IS RESIDENCE ON A STARRY ON A STARRY ON TO DECLASSING DECL	o. COUNTY				I o STA	TF		deceased		Υ			
d. STREET ADDRESS d. STREET ADDRESS C. IS RESIDENCE OR INSTITUTION D. INSTITUTION	RURAL and give	nearest lawn)									give nee	arest taw	n)
3. NAME OF DEEASID (Type or prind) John William Middle Whorton S. SEK 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1. DATE OF BIRTH 9. AGE (In year) IE UNDER YEAR UNDER YE	d. NAME OF HOSE	PITAL (If not in hospital, give			11			ranc	OCK M			ON	A FARM?
Type or print John William Whorton DEATH 7 20 19 5 5 5 5 5 5 5 5 5	3. NAME OF	First		Middle	<u> </u>	Last			Mo	inth	Do		
S. SEK 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. ACE [In word plant brinday] 17. WINDOWS 18. 18. 18. 18. 18. 18. 18. 19. 19. 17.		John W	illiam	W	horto	m		DEATH	7		20	0	19 5
No No No No No No No No	5. SEX	6. COLOR OR RACE 7	MARRIED NE						9. AGE (In year			IF UND	ER 24 HRS.
Description of working life, even if relired) Orchardist I. FATHER'S NAME Edward IV Whorton Is WAS DECEASED EVER IN U. S. AMED FORCES? In SOCIAL SECURITY NO. III. CAUSE OF DEATH [Enter only one cours per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: Myocardial Infarct Immediate Cause (o) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) II. WAS AUTORYS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) II. WAS AUTORYS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) II. WAS AUTORYS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) II. WAS AUTORYS PERFORMED? PERFORME	M				8.78.	1887					Days	Hours	Min.
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14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH 18. CAUSE			Same		7	Agnna	Mo	ושת	ond	-	Te		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. 18		1100	- Conto						aut		U.D.	•4	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. 18	Rawond	II Whonton			1	714 mah	ath	A of	h lea + + 7				
NO 217=12=2673 Mrs Beaulah P Whorton Rural 1 Hancoc 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: MYOCARDIAL Infarct Conditions, if ony, which gove rise to immediate couse (o), stoling the under: Lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES ON OF THE PERFORMED?			57 16. SOCIAL SEG	CURITY NO. 17.			A AU	AN					201
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	PART II. O	THER SIGNIFICANT CONDIT	TIONS CONTRIBUTE	NG TO DEATH BU	T NOT RELA	ED TO THE TE	RMINAL	DISEASE	CONDITION G	IVEN IN PAI	RT 1(a)	PERF	DRMED?
21. I certify that I attended the deceased from	20g. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	WAS UNDERLYING 20 NG CAUSE OF DEATH FY MEDICAL EXAMINER)	ъ. DESCRIBE HOW	INJURY OCCURR	ED. (Enter no	iture of injury	in Part I	1 or Port	Il of item 18.)				
21. I certify that I attended the deceased from	20c. TIME OF INJU				LACE OF IN.	URY (Hame, for	orm, 20 etc.)	Of. (City	or town)		(County)		(State)
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olive on	21. I certify	that I attended the d	eceased from.		, 19	, to			, 19	,thot I	lost so	aw the	deceose
ACTUAL SIGNATURE FOR TOWN, state) ACTUAL SIGNATURE FOR TOWN, M.D. 121. High Street 7-22-59 PHYSICIAN'S Frank B. Thomas III, M.D. Hancock, Md. 120. BURIAL, CREMATION, Park Street 7-23-59 Mt Olivet Cemetery Near Hancock Washington Mail Specify, 7-23-59 Mt Olivet Cemetery Near Hancock Washington Mail Specify, 7-23-59 ADDRESS (Street, city or town, state) DATE SIGNATURE 22d. LOCATION (City, town, or county) (State) Near Hancock Washington Mail Specify, 7-23-59 ADDRESS 24d, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE	olive on		. 19	and that deat	h accurre	d at 6:1	-						
PHYSICIAN'S NAME (Type) Frank B. Thomas III, M.D. Hancock, Md. 220. BURIAL, CREMATION, REMOVAL (Specify) 7.23.59 Mt Olivet Cemetery Near Hancock Washington Machine Company (Store) Near Hancock Washington (Store) Near Hancock (St		- nn 1		0. 0									
PHYSICIAN'S NAME (Type) Frank B. Thomas III, M.D. Hancock, Md. 220. BURIAL, CREMATION, REMOVAL (Specify) 7.23.59 Mt Olivet Cemetery Near Hancock Washington Machine Company (Store) Near Hancock Washington (Store) Near Hancock (St	ACTUAL	and BTh	me Ti	M.B.	44.0	121 H	Tigh	St	reet		7-	22_1	59
NAME (Type) FTANK B. Thomas III, M.D. Hancock, Md. 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL Specifical 7.23.59 22c. NAME OF CEMETERY OR CREMATORY REMOVAL Specifical 7.23.59 22d. LOCATION (City, town, or county) (Stote) Noar Hancock Washington Metal Director's SIGNATURE ADDRESS 22d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	SIGNATURE				_M.D		The same				4		/
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 7.23.59 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote) Mt Olivet Cemetery Near Hancock Washington Metal Director's Signature 24d. REGISTRAR 24b. REGISTRAR'S SIGNATURE	PHYSICIAN'S NAME (Type)	Frank B. Th	omas II	I. M.D				Han	cock.	Ma			
REMOVAL Specify 7.23.59 Mt Olivet Cemetery Near Hancock Washington Me 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	220. BURIAL CREMAT			NE OF CEMETERY	OR CREMATO	ORY				or county)		1510	tel
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	REMOVAL (Specif	w			_		-				1		
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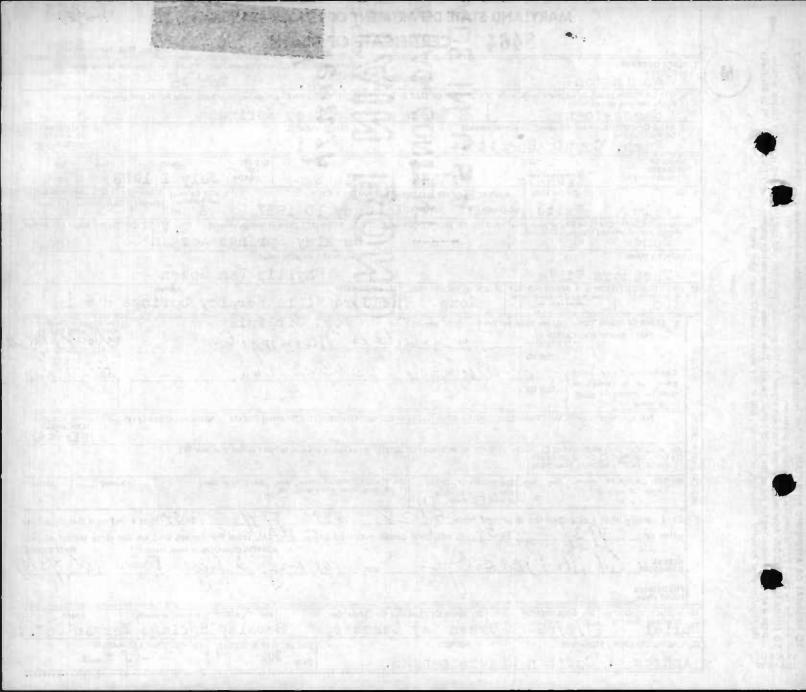
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed a may be retained by the haspital of ending physician.

TO FUNERAL ECTOR: After this of ficate has been signed by the attending physician and camples page 3 shat be detached far use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

thin 24 hours after death. Page 4

	8	464	CERTII	FICA	TE OF DEAT	H		Reg. Dis	st. No.	302	3
o. COUNTY	gton		MARYE		2. USUAL RESIDENCE (V o. STATE W. Va.	Where decease	d lived. If institution b. COUN	TV	ce before	admission	1) _V
	If outside corporate limit	ls, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (II	f outside corpo	prote limits, write	RURAL ond	give neare	est town)	
Hager			2 Weeks	3	Berklev	Sprin	ngs	85	×	3	
	TAL (If not in hospital, g	ive street			d. STREET ADDRESS		-0-		e.	IS RESID	
Wash.	County He	ospi	tal		R # 1					YES I	
3. NAME OF	Fire		Middle		Lost	4. DATE	A	Aonth	Day	Yes	Of .
(Type or print)	KENNET	H	WARREN		WILLS	OF DEATH	July			19	
5. SEX			HED NEVER MARRIE	DeFile B.							
Male	White	WIDOWI		-		957	9. AGE (In year lost birthdoy	Months rs.	-	Hours	Min.
			_	- 10	RY 11. BIRTHPLACE (Stot			Va 12. CIT	IZEN OF	WHATC	OLINTRY
None None	king life, even if retired)										
3. FATHER'S NAME					14. MOTHER'S MAIDEN	Spring	gs More	san oc	,	US	A
	257 1 2 2										
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(Yes, no of unknown)	ER IN U. S. ARMED FORG		SOCIAL SECURITY NO.		ORMANT	a Dami		ddress	. D .	IL 7	
NO	*************		None I	nea	dore Will:	a peri	crea of	orings	3 IL 7	非 1	
18. CAUSE OF DEA	ATH [Enter only one con	use per lis	ne for (o), (b), and (c).		West Vi:	rginia	3.		INTER	VAL BETW	VEEN
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Luberry	elas	us men	mais	ten		ALH	rie	Thu
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Conditions, if o	ony which)	-	Milliane	. 7	" leene	lune			1200	. 0	7
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OR CONTRIBUTING	AS UNDERLYING A	206. DESC	TRIBE HOW INJURY OC	.CURRED.	(Enter noture of injury in	n Port I or Por	t II of item 18.)				
	MEDICAL EXAMINER)										
20c. TIME OF INJUR Hour o. m.	RY Month, Day, Yea	while		20e. PLAC	E OF INJURY (Home, for ry, street, office bldg., e	rm, 20f. (City	or town)	(0	County)		(Stote)
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21 I cartify th	nat I attended the	decease	ed from 6	7-8	. 19 59, ta	7/4/	10.5	9			
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PHYSICIAN'S			(/			V					-
NAME (Type)			V								
20. BURIAL, CREMATIO	N, 22b. DATE THEREO	F	22c. NAME OF CEME	TERY OR	CREMATORY	22d. LOCA	TION (City, town	, or county)		(Stote)	111
Burial (Specify)	7/6/59	G	reen Way	Cem	etery 1	Berkle	ey Spr:	ings l	lorg	an C	JoW.
3. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			C'D BY REGIST		GISTRAR'S SIG			
Andrew K	. Coffman	Ня.о	erstown 1	Ad.	DATE	JUL 7	59	arthur &	l. How	14	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8490 CERTIFICATE OF DEATH

	0.10	0 0=1111110			Reg	. Dist. No).		
1.	PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Paramount	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **Paramount**						
	d. NAME OF HOSPITAL (If nat in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		nise.		e. IS RESIDENCE ON A FARM? YES NOT		
	NAME OF DECEASED (Type or print) Walter	Middle Cleveland	Wolfe	4. DATE OF DEATH	July	27	Year 19 59		
5.	Male 6. COLOR OR RACE 7. MAR White Widow		June 8, 18	90 9. AGI	(In years birthdoy) yrs.	7	R IF UNDER 24 HRS. Hours Min.		
10c	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store— owner	Grocery	Washingt		Md . 12	. CITIZEN C	PF WHAT COUNTRY?		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N						
	Harvey Wolfe		Cora	Delaue	ghter				
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, s. no, or unknown) (If yes, give war or dates of service) 2	social security no. 18-30-9663	of Pearl Wo	lfe Pa	Address ramoun	t M	đ.		
	1/20 1 DUE TO	ine for (a), (b), and (c).] Coronary Thro Arteriosclero		Disease		2	rerval Between ISET AND DEATH Minutes years		
	cause (a), stating the <u>under-lying cause lost.</u> DUE TO (c)								
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease coni	DITION GIVEN IN	PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO M		
	20o. ACCIDENT WAS UNDERLYING A 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in I	Part I or Part II of i	tem 18.)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. 1 Hour a. m. 19 While p. m. 19	Not while foc	ACE OF INJURY (Home, farm trory, street, office bldg., etc.	.)		(County			
	21. I certify that I attended the decear alive on July 3, 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Dr. R. A. Be	59, and that death	M.D. 119 N	M, from the conduction of the	auses and on ty or town, stote)	l last sa the dat	w the deceased e stated above DATE SIGNED		
220	Burial, CREMATION, REMOVAL (Specify) 7-30-59	22c. NAME OF CEMETERY OF Rest Haven		22d. LOCATION (C	City, town, or course	nty) Md.	(Stote)		
-	funeral director's signature cott F. Minnich & Son	ADDRESS	24a. REC'	D BY REGISTRAR	24b. REGISTRAR				

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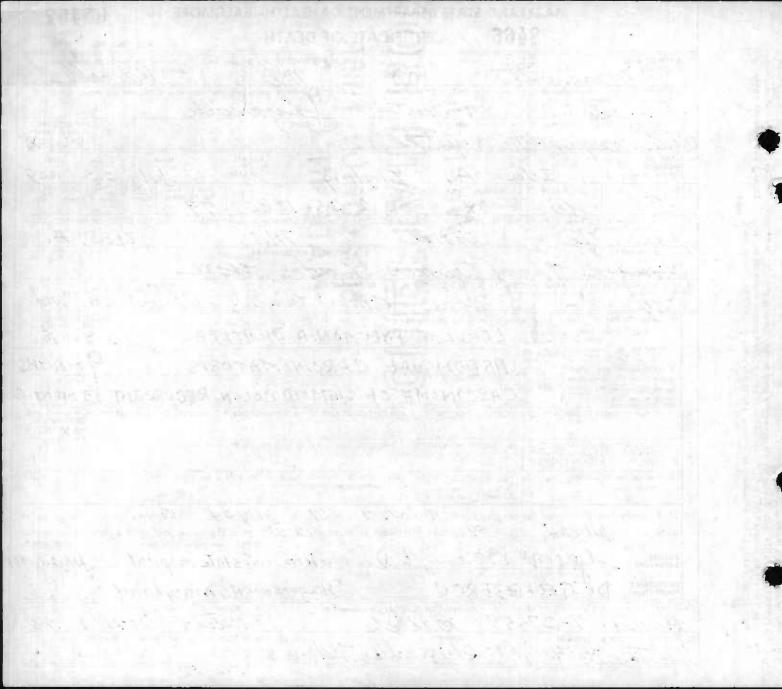
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VS A15 (4) 1SM 9/58

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
8466	CERTIFICATE OF DEATH	R

Reg. Dist. No.

		PLACE OF DEATH D. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY
	· ·	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) Hagustown 45 Months C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
	Te	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION LEGISLAND MALLERAL CLIEBE HOSPITAL OR INSTITUTION ON A FARM? YES NO
	1	NAME OF First Middle Last 4. DATE Manth Day Year OF DEATH 11/4 24 1959
	S. S	
	10a	. USUAL OCCUPATION (Give kind of work done done done done) USUAL OCCUPATION (Give kind of work done) USUAL OCCUPATION (Give kind of work done) USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work done) 13. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work done) 14. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME LEWIS A THORY COMMEN COMMEN GOVE
		WAS DECEASED EVER IN U. S. ARMED FORCESS 16. SOCIAL SECURITY NO. INFORMANT (If yes, give wor or dolles of service) More Herring Company More Herring Co
		18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOBULAR PREVMONIA BILATERAL STAYS
		Canditions, if any, which gave rise to immediate (b) RBDOMINAL CARCINOMATOSIS 9 MENTHS
	Z	cause (a), stating the under- lying cause last. DUE TO (c) CARCINOMA OF SIGMOID COLON RECURSENT 13 MONTHS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
2	CERTIFICATION	PERFORMED? YES MO
		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While Nat while at wark at wa
	ř	21. I certify that I attended the deceased from Negroto 7, 1957, to 11494, 1959, that I last saw the deceased
		alive an filly 34, 19 39, and that death accurred at 23 M, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL ACTUAL
/		PHYSICIAN'S DR. GEORGEBERCU Hagers town, maryland
	22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 7-27-59 Baile a Malslon, Allel & Malslon
-	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE JUL 29 '59 Chilan & Klauna



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08468

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF o. COUNT	Υ			DVI AAID	2. USUAL RESI	DENCE (Who	ere deceased lived	b. COUNTY		
	Washi			RYLAND		,/	and		Washin	
RURAL	R TOWN (If outside corporate on give nearest town) ncock Md.	prote limits, wri	c. LENGTH OF STA		c. CITY OR		ock Mar		L ond give near	est town)
d. NAME	OF HOSPITAL (If not in h	ospitol, give st		9.	d. STREET A		OUR MALE	J Tees or		IS RESIDENCE
OR INS	TITUTION	ome			/ 27		in St.	an cock		ON A FARM? YES NO X
3. NAME OF DECEASED (Type or p		Fayet	Midd	lle	Your		4. DATE OF DEATH	Month 7	5 ^{00y}	Yeor 19 59
5. SEX	6. COLOR C	R RACE 7. N	ARRIED NEVER MAR	RIED 🖂	B. DATE OF BIRTI	H	9. AG	E (In years IF L	UNDER 1 YEAR II	F UNDER 24 HRS.
F		V WID	OWED DIVOR	ED 🗆	/ · · · · · ·	902	51	yrs.	onths P3'	Hours Min.
10a. USUAL o	OCCUPATION (Give kind nost of working life, even	of work done	106. KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (State of	or foreign country)		12. CITIZEN OF	WHAT COUNTRY?
	ousewife		Housewi	fe	Mar	ylan	d	e = 1. 1	U.	S.A.
13. FATHER'S	NAME			7.	14. MOTHER'S	MAIDEN N	AME			
LaF	ayette	Dick			L2	dia	L Shive	3		
15. WAS DEC	EASED EVER IN U. S. AR		16. SOCIAL SECURITY N	10. 17. 1	NFORMANT			Address	1.1	
No	it yes, give wor o	dores or service;	None	R	alph Yo	unke	r 27 W.	Main S	t .Hanc	ock Md.
	SE OF DEATH [Enter on	-	er line for (o), (b), and (c).]) ` ()	00	1		INTER	VAL BETWEEN T AND DEATH
110	IMMEDIATE (Myor	and	ral	any	and		2	min .
42	0.0	DUE TO	1 0 _	L .	1 -	+	(1)	1		
	ions, if any, which	(b)	onges	Lui	e he	all	Land	lune	5	years.
couse (rise to immediate a), stating the <u>under-</u>	DUE TO	1 tolin	2	Do at	P	Also	Diso	4-0/16	500
	ART II. OTHER SIGNIFICA	NT CONDITIO	NS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE CON	IDITION GIVEN	IN PART 1(o) 19.	WAS AUTOPSY PERFORMED?
3										YES NO TO
≥ OR CON	TRIBUTING CAUSE OF R, NOTIFY MEDICAL EXA	DEATH	DESCRIBE HOW INJURY	OCCURRE	D. (Enter noture o	f injury in P	art I or Part II of	item 1B.)		
9	ur a.m.	w	d. INJURY OCCURRED hile Not while work at work	20e. PL	ACE OF INJURY (I	Home, form, bldg., etc.	20f. (City or to	wn)	(County)	(State)
	p. m.			7 6		-		7.0		
21. 1 c	ertify that I attend	ed the deci			, 19.59					v the deceased
alive o	in JULY	2 , 1	222, and the	at death	accurred at	5:451	DM, fram the	causes and	an the date	stated abave.
	- 1	1-1	-20	12			ADDRESS (Street, c	ity or town, state	0)	DATE SIGNED
SIGNATU	IREtrank/	5 /ho	mes III		M.D. 121	High	St.		July	8, 1959
PHYSICIA NAME (T	N'S Frank F	Tho:	mas III. 1	M.D.	Hanc	ock.	Marvla	nd		
	CREMATION, 22b. DATE	THEREOF	22c. NAME OF CE	METERY O			22d. LOCATION (City, town, or co	ounty)	(Stote)
	L_(Specify)	8.59	St Tho			1	Hancock			Ma
	DIRECTOR'S SIGNATURE		ADDRESS				BY REGISTRAR		R'S SIGNATURE	MILL
Ha.	-, 0 V	4.	Home	0.0	2 med	DATE			A 22 A	
TYOUL	Jake T	TION	Nume	مرسا	C THEY		1 11 '59	a stu	& Heard	
	V					1111	10.29			

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			Advisor Andrews	